V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH OUISI	IE NT (B)
County alleghens City!	Registration Dist. No.
Village or Cit Curbbul and	No. Lobigma St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
· Alexander	
11 70 / 200 0 11	all Paral)
(a) Residence: No. 20049 Ma, Plan Cash V.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Oay) (Year)
5a. If merried, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I ettended deceased from
(OF) WIFE OF WING SHITLE ACCOUNTS	and + 1034 to Jun 18 1935
6. DATE OF BIRTH (month, day, and year) Selet 5 1852	I lest saw h alive on June 17 , 1937; death is said
7. AGE Yaars Months Oeys If LESS than	to have occurred on the date stated abova, at _2 H_i_m.
82 4 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profession, or particular kind of work done as SPINNER	Coreco parany victoria
kind of work done, es SPINNER oal Operation	34
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decaasad last worked at 11. Totel tima (yeers)	
this occupation (month and the spent in this occupation	
12. BIRTHPLACE (city or town) Suberland	Other Contributory Causes of importence:
(State or country)	11127
13. NAME Weefounder M. adams	(Perassis neep 1884)
14. BIRTHPLACE (city or town) Dong / Lnow	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Norgaret Hoffman	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
(Stata or country) 7md	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT UMON WARMIN	Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) O 6 Adtament Jenase Cely 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Poce Hill Cen Date Jan 20,1936	Nature of injury
J. A. Buth	24. Was disease or injury In any wey related to eccupation of deceased?
19. UNDERTAKER O'	If so, spacify
20 SILED 20 102 5 Photos MOV as	(Signed) / Kar · Ny Land M. D.
20. FILED Start 9., 1935 March 19 March Registrar.	(Address) which her
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. D.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

1	. PLACE OF DEATH	Uuts	ide of	(13)	,
	County Allegany	City	imite	Registration Dist. No.	4
	Village or City Cumberlar	d. Md	No. Rout	3 Bowman Adn St.	Ward
	Length of residence in city or town where death			in U.S. if of foreign birth?yrs	
	FULL NAME Villian	00	The Rol		
1	(a) Residence: No. Barma	Dodol de	St. Wa		
	(a) residence. No. 2000	(Usual place of abode)	SL, Wa	If nonresident give city or town	and State
	PERSONAL AND STATISTICA	L PARTICULARS		ICAL CERTIFICATE OF DEAT	Н
3.4		INGLE, MARRIED, WIDOWED, RDIVORCED (write the word)	21. DATE OF	(Month) (Day)	, 193گ (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	Eliz. appold.	22. 1 HE	REBY CERTIFY That I atte	
6.	DATE OF BIRTH (month, day, and year) Oct. 1	5.1868	I last saw ham	alive on Jan 29 18	
	AGE Years Months	Days If LESS than		e date stated above, at J. 10Pm.	
	66 3	15 1 day, hrs. or min.	The PRINCIPAL CAU	SE OF DEATH and related causes of importance	Data of onset
NO	8. Trade, profession, or particular kind of work dono, as SPINNER, SAWYER, BOOKKEEPER, etc.	.O.Labor	Chr	rephilos	11:06
PATI	9. Industry or business in which		unch	Usema	about
	work was done, as SILK MILL, SAW MILL, BANK, etc.			• • • • • • • • • • • • • • • • • • • •	1/0-17
220	10 Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			22
			Other Contributory Ca	uses of importance:	
12.	State or country)	Wv.a			
ER	13. NAME Geo. Appold			•••••••	
ATH	14. BIRTHPLACE (city or town) WV	a	Name of operation	Date	of
la.	(State or country)	77 7	What test confirmed d	iagnosis Clanical Was there	e an autopsylv
HER	15. MAIDEN NAME Rebecca . Ke		23. If death was due to	external causes (VIOLENCE) fill in also the foll	owing:
MOT	16. BIRTHPLACE (city or town)	"iva		omicide? Date of injury	
-	(State or country)	a	Where did Injury occu	(Specify city or town, county and	d State)
17.	INFORMANT Cora. Appol (Address) Cumberlan		Specify whether injury	occurred in INDUSTRY, in HOME, or in PUBLI	C PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	.u • 1910	Manner of injury		
	Place Rose Hill Da	re Feb. 2.1935	Nature of Injury		
10	UNDERTAKER John . C . Wolf	ord		ry In any way related to occupation of deceased	, ho
19.	(Address) Cumberla	na - Ma	If so, specify	0)/	
20	Fithel 1935 Have	un Alleca	(Signed)	& and	
		Registrar.	(Address)	Combelano	1. Prof.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

· In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
The principal cause of death and related causes of importance were as follows:	
	1 week ago
car	1 week ago
	3 days ago
ory causes of importance:	1 year
	ory causes of importance:

Al	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

County_Allegany		ORATE LIMITS Registration Dist. No.
Village or CityCumber	land, Md.	No. Nemorial Hospital St,6 -/ (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town wher	e deeth occurredyrs,m	or death occurred in a norpital or institution, give its NAME instead of street and number) 10s
2. FULL NAME William	m Kenneth Barnes	
(a) Residence: No. Gillis	Hill, Lonaconir (Usual place of abode)	g , Nsd. , Ward.
PERSONAL AND STATIS		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH January (Month) January (Yes
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. I HEREBY CERTIFY. Thet I ettended deceased
6. DATE OF BIRTH (month, day, end year)	Jan. 19,1914	I last saw h same alive on Jesse 13 , 1955; death i
7. AGE Years Months	Days If LESS than 1 day,hr	to have occurred on the date stated above, at
8 Trade profession or particular	ormin.	were as follows:
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Laborer	General Personeles -
MINDUSTRY OF BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc	Celanese	
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc JINDUSTRY OF DUSINESS IN which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end year).	11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Mary		Other Contributory Causes of importance:
(State or country)	4.911.4	Trufture & abbunder
13. NAME Harrison Ba 14. BIRTHPLACE (city or town) M		P
14. BIRTHPLACE (city or town)M (State or country)	aryland	Neme of operation Date of Security Was there en autopsy?
15. MAIDEN NAME Mae Harr	is	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Mae Harr 16. BIRTHPLACE (city or town) All (State or country)	stralia	Accident, suicide, or homicide? Date of Injury, 19.
17.INFORMANT memorial Ho (Address) Cumberland	spital	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Places and survey. Te	00	Manner of injury
19. UNDERTAKER MICHOE	let or	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed).

(Address) _____

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage REIDPAN V. July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

(M)	infor-	state	IIPA.
	of	pla	5
	item	shor	of O
	Every	PHYSICIANS should state	Exact statement of OCCLIPA.
	RD.	YSI	stat
	RECO	. PH	Exact
DING	ANENT RECORD. Every item of infor-	CTLY.	ssified.
1	A	0	SSI

STATE	OF MARYL	ANDUCERTIFICAT	E OF DEATH	00004
DEATH	Allegany	City Limits (3)	Registration Dist. No.	4

1. PLACE OF DEATH County	Alle	egany	Gi	y Limits Registration Dist. No.	4
Village or City Cumb			(II	" David O	Ward d number)
2. FULL NAME	Emma. H	Bec.	k.		mosds.
	(1	Usual place o		St., Ward. If nonresident give city or town a	nd State
PERSONAL AND ST	ATISTICAL	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. color or Whit		GLE, MARR	(write the word)	21. DATE OF DEATH Jan. 9th 1935	, 193
5a. If married, widowed, or divorced HUSBAND of Oor) WIFE of	el Beck			22. HEREBY CERTIFY That I attended to the state of the st	m /
	lonths	21.18 Days	If LESS than	I last saw h alive on a law 9 1930 to have occurred on the date stated above, at 9 . 30 . Pm	, 19.2√ ; death Is sald
9 Trade confession as activity	.0	21	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
SAW MILL, BANK, etc	ш,	Home		Chracis neights	3~ ×
O 10. Date deceased last worked at this occupation (month and year)		11. Total tin spent occup	ne (years) in this ation	Other Contributory Causes of importance:	
I2. BIRTHPLACE (city or town) (State or country)		F	°a	Orqueis Heat Disi-	4400
13. NAME John.	Mock.			Cortoro Schoraco	
14. BIRTHPLACE (city or town) (State or country)	Pa			Name of operation Date of Whet test confirmed diagnosis? Was there an	
15. MAIDEN NAME Mar	y Rose			23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)	Р	a		Accident, suicide, or homicide? Date of injury Where did injury occur?	
	Buck. land. M	d Rou	t 2	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	nte) LACE.
18. BURIAL, CREMATION, OR REMOVA Place Lutheran.		Jan.	12.1939	Manner of injury	
13. UNDERTARER	.C.Wolf			24. Was disease or injury in any way related to occupation of deceased?	
20. FILEDAM 10, 1935		()	Ne. Registrar.	(Signed) Kart V	M, D,

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of cpilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEIRENIE VOE	July 5,1927	Peritonitis	3 days ago
				,
Other contributory ca	uses of importance:		Other contributory causes of importance:	92 En 19
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

V. S. No. 1

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County Cly September 1981 County Coun	STATE OF MARYLAND—		105
Village or City. Anno. Anno.	011		
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (f) Residence: No. (h) Ward. (g) Residence: No. (h) Ward. (g) Residence: No. (h) Ward. (g) Residence: No. (h) Ward. (h) Ward		0.	
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residenc	Village of City (1)	NOSt., f death occurred in a hospital or institution, give its NAME instead of street and numl	Ward
(a) Residence: No. O TO (Consignate of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. SEX 4. COLOR OR RACE OR DIVORCED (with the word) 5. BATE OF BIRTH (month, day, and year) OF SEATH OF BIRTH (month, day, and year) 8. Trade, profession, or particular wind of work does, as SPINNER, SAMER BOOKEEFER, et. 1 SEX 1. SEX 1. Married, widowed, or divorced (row) OF SEX 1. Married, widowed, or divorced (row) OF SEX 2. LIFE BY CERTIFY, That I attended deceased from the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. 2. SEX 2. LIFE BY CERTIFY, That I attended deceased from the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death is said to have occurred on the data stated above, at 12.9.1. f. m. 1. Lic. 19.3.5. death i	Length of residence In city or town where death occurredyrs	sds. How long in U.S. if of foreign birth?yrsmos	ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (cyric the word) OR DIVORCED	2. FULL NAME & Markelly Unn	Sign	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OR DIVORCED (which the word) 6. DATE OF DEATH 22. I HE BY E BY CERT IF Y, That I attended deceased from control of the first said to have occurred on the date stated above, at 12.2 f. m. 193.5 death is said to have occurred on the date stated above, at 12.2 f. m. 16. 193.5 death is said to have occurred on the date stated above, at 12.2 f. m. 17 f. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Chief the seased last worked at worked at was done, as SPINNER, SAWYER, BOOKKEPER, etc. 10. date deceased last worked at worked at worked at worked at worked at the same occupation of the control			
3. SIX 4. COLOR OR RACE OR DIVORCED (sprice the word) 3. If married, widowed, or divorced (cor) wife of (cor) wif			e
OR DIVORED Cymic the word) 53. If married, widowed, or divorced HISBAND or of, or divorced HISBAND or or of, or divorced HISBAND or or or of, or divorced HISBAND or			
53. If married, widowed, or divorced MUSARDO of (or) hiTE		Jan 16 19	35
S. DATE OF BIRTH (month, day, and year) Months Day4 If UES than Iday	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWRE, BOOKEEPER, etc. 9. And was done as SINNER, SAWRE, BOOKEEPER, etc. 9. And was done as SILK MILL, SAW MILL, SAW, etc. 9. And this eccased last worked at this eccupation (month and years) spent in this vesses of importance: 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURNAL, CREMATION, OR REMOVAL Place of Main and Mills and Mi	HUSBAND of (or) WIFE of		ased from
7. AGE Years Months Days IT LESS than 1 day			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWMILL, SAWMILL, BANK, etc. 10-Date deceased last worked at lithic occupation (month and corpustion corpustion) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 20. FILED 20. FILED 21. Signed 22. Was disease or injury in any way related to occupation of deceased? (Address) 18. Deceity city or town, country and state) (Signed) (Signed) (Address) Place (Address) P			ath is sald
8. Trade, profession, or particular kind of work done, as SPINNER, SAWMER, BORKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWMER, BORKEPER, etc. 10. Date denset Work was done, as SPINNER, SAWMER, BORKEPER, etc. 10. Date denset Work was done, as SPINNER, SAWMER, BORKEPER, etc. 10. Date denset Work was done, as SPINNER, SAWMER, BORKEPER, etc. 10. Date of miportance: 11. Total time (years) Speni in this occupation (month and corepation occupation of occased? 12. BIRTHPLACE (city or town) State or country) 13. MAIDEN NAME 14. BIRTHPLACE (city or town) State or country) 15. BIRTHPLACE (city or town) State or country) 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 18. BURLAL, CREMATION, OR REMOVAL Place Place 19. Underson 19. Underson 19. Section 19. Se	1 day,hrs,		
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Place I willing Date Jan 14 1933 Manner of injury 19. UNDERTAKER Some 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify 20. FILED 7, 1935 Registrar. (Address) Piedmont W.U.a. (Address) Piedmont W.U.a. M.D.	7-77-7-1		
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20. FILED 2, 1935 What Services (Signed) Electric M. D. Registrar. (Address) Piedmont W.Ua.	Place I And Camble Date 4001/4,1923	Nature of injury	
20. FILED 7., 1935 (Registrar. (Signed) (Blerry M. D. Registrar. (Address) Piedmont w. U.a.		24. Was disease or injury in any way related to occupation of deceased?	20
Registrar. (Address) Piedmont W.Va.	(Address) Button Md	If so, specify	
		0:	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of coset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0000	6
1. PLACE OF DEATH		
County allegany	Registration Dist. No.	
Village or City Clesa Introval	NoSt.,	_Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
2. FULL NAME Cliza 10 rylano	•	
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX. 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) , 193 C (Ye	dar)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY, That I attended decease June 20, 1934, to June 20, 19 (last saw h CF alive on June 20, 1934; death to have occurred on the date stated above, at	d from
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	fonset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Impocardial faifure	
work was done, es SILK MILL, SAW MILL, BANK, etc. At Amne	Chi hunogard +3 193	30
10. Date deceased last worked at this occupation (month end year) -	Chr. Mephritis 19 a	0
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	••••
13. NAME Lither Ravens coals		
14, BIRTHPLACE (city or town) (State or country)	Name of operation	no
15. MAIDEN NAME Lang Laylon 16. BIRTHPLACE (city or town) (State or eguntry)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT MA Sproud Admiss (Address) hisapton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Place Van In 1935	Manner of Injury	
19. UNDERTAKER domis stem Inc. (Address),	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 5- 1934 - WUV Munify Registrar.	(Signed) (Address) 40 Dr. Sibry 24.	_ M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
-5-67	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE C)F	MARYLAND-CERTIFICATE	OF	DEATH	. 0
FATU					

1. PLACE OF DEATH	93-2
County as leg any	Registration Dist. No.
Village or City mid lathian	ND. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. If of foreign birth?
Length of residence in city of town where death occurred	inus
2. FULL NAME Charles Colore	le.
(a) Residence: No. Michael (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Jan 26 193 J
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from
(or) WIFE of agnes I Frode	1934 to San 36 1915
6 DATE OF RIRTH (month day and year) about 4 - 186	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	
7./ A 1 day,h	
/ + / / & / ormin.	wera as follows:
Trade, profession, or particular kind of work dona, as SPINNER.	The state of the s
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	hrone peace is source-
Industry or business in which work was done, as SILK MILL,	tion, many years. Centro
kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc	
apont in this	
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	- 41
(Stata or country) ma.	_ Chronic unio asthma
13. NAME Course C Brade 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? O &
10. MATTER TAME	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcida, or homicide? Date of injury, 19
(Stata or country) Slamany	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Dense Gaines	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) middlothian md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place freeling and Date fane 28, 19.5	Nature of injury
TO HADEOTAKED : Q MA	24. Was disease or injusy in any way related to occupation of deceased? Yes
19. UNDERTAKER (Address)	if so, specify
1/36 3 F @ R No 1/21	- Allender
20. FILED 1934 (1) 11 Carrett	(Signed) M. [
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very Important. See instructions on back of certificate.

0	1	1	n	8
U	U	U	U	0

1. PLACE OF DEATH	(154)
County Allegary. WITH	Registration Dist. No.
Village or City Cumberland	/300 11 1 1 + 1
vinage of only	(If death occurred in a happital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William The 18	-300mm/
	PLATA
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW	
OR DAVORCED (write the w	(ord)
So If married widoward or diseased	(Mynth) (Oey) (Year)
5e. If marriad, widowed, or divorced HUSBAND of	22. /2/HEREBY CERTIFY, Thet I attended decessed from
(or) WIFE of	9 10.3 46 Alamond decessed from
6. DATE OF BIRTH (month, dey, and year) Inly 28 191	1 lest sawh dive on 1 9 1 1 death is said
7. AGE Years Months Oeys If LESS	The state of the s
1 day,	
/ O 10 // orm	in. Ware as follows:
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	$(() \circ () $
SAWYER, BOOKKEEPER, etc.	A Courtell W
work was done, as SILK MILL, SAW MILL, BANK, etc.	10
	Recelled, Recel
11. Total time (years) this occupation (month and year)	Copies: Unknown; but believed to be transmatice.
1 1 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) motherland	
(Stete or country)	id.
13. NAME arento unknown.	A
13. NAME arento unhanno. 14. BHRTHPLACE (city or town). adaptated ann	Name of operation One Stude Date of 2/12
(State or sountry)	Whet test confirmed diagnosis? Was there an autopsy?
15. MALDEN NAME Amand P Brown 16. BIRIHPLACE (city or town) and and	23. If death wes due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) and	
(State or country) many Scholling Bro	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
1/2 1 B- 3	(Specify city of town county and State)
(Address) Cash Valle Rd	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cally ord.	
11 11	Manner of injury
4 . 11 . 6	Nature of injury
19. UNDERTAKER Somo Styny Inc.	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) brotherland.	If so, specify
20. EHERRY 10 1935 Naywell & Me.	(Signed) M.O.
Regist	rar. (Addrass) Leel Car M. T. e. C. T.
If more blanks are needed, address State Re	gistrar, 2411 N. Chaptes Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

PHYSICIANS should state

Exact statement of OCCUPA.

V. S. No. 1

1	. PLACE OI	F DEAT	ГН		YLAND-	CERTIFICATE OF DEATH 00003
	County Village or C		Allegany Cumberla	1		Registration Dist. No. No. 110 • Harison • St No. 5t, Sward f death occurred in a hospital or institution, give its NAME instead of street and number)
2	. FULL NAI	ИΕ	ty or town where de	eath occurred	yrsmo	sds How long in U.S. If of foreign birth?yrsmosds.
o Circum	(a) Residen		11600	(Usual place		St., S Ward. If nonresident give city or town and State
		AL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	Male	,	White	S. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED.	21. DATE OF DEATH Jan . 9 . 1935 (Month) (Day) (Year)
эа.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	rced	•		22. HEREBY CERTIFY, That I attended deceased from
6. I	ATE OF BIRTH (month, day	, and year)	Jan. 9.	.1935	I last saw have alive on Jan 9 ,1921; death is said
7. A	GE Year	'S	Months	Days • •	If LESS than f day,hrs.	to have occurred on the date stated above, at 10 mP m The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
LION		ork done, a BOOKKEE	as SPINNER, PER, etc			Chesselow Brit
OCCUPATION	9. Industry or b work was SAW MILI 10. Date decease this occup		ked at	11. Total ti	me (years)	612 ne
12.	year) BfRTHPLACE (city	or town)	Ma	0000	pation	Other Contributory Causes of Importance:
ER	(State or coun		rnest.W	Dubind		
ATHE				Ve	2	
EA	f4. BIRTHPLACE (State or	country)			2	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (State or	(city or to	zy. Rum]	Va		23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
	(Address)			Byard Land. Mo	ī	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8.	BURIAL, CREMATE			Date Jan	11,193	Manner of injuryNature of injury
19.	UNDERTAKER (Add) ess)		n. C.Wolumberlar	nd. Md	1/).	24. Was disease or injury in any way related to occupation of deceased?
20	FILED dan	1/3 1	356 XV	4110,190	412	(Signed) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Example I	at a	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		•			

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF BEATH	
County Use of County WITHING	Registration Dist No. A.
Village or City Lywallywag	No. Mulero Hosperlat - Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. State foreign birth?wrs
2. FULL NAME ON TOOMY	(2 months gertalion)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DOPORCED (write the word)	21. DATE OF DEATH
- The sugle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) /_ /-393	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date started above_at
lday,hrs.	The PRINCIPAL CAUSE OF DEATH and selated causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and spent in this	
year)occupation	
12. BIRTHPLACE (city or town) THORNWOOD NID	Other Coutributory Causes of importance:
(State or country)	DA.
# 13. NAME Carl Durge 1	Treffel
14. BIRTHPLACE (city or town) Vale Seumunt	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CAREL DOOR - 1	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 2 ale Sersen of	Accident, suicide, or homicide? Date of Injury 19
State or country)	Where did injury occur?
COAL BEEN SELL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Spoony who were in the control in th
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vale Jument Data / 3 ,192	Nature of injury
C. 1 B. 6.11 (4011.)	
19. UNDERTAKER at Burker (Father) (Address) Vale Summer and	24. Was diseasa or injury in any way related to occupation of deceased?
1/18 35 aP. Walhe	(Signed). Provide DZ M. D
20. FILED 19 3V MINI GENERAL Registrar.	(Address), HAND WYNTE
4	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.
	, , , , , , , , , , , , , , , , , , , ,

V. S. No. 1

N. B.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- AUSE.			
Other contributory causes of importance:		Other contributory causes of importance:	min Epo
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PHYSICIANS should state

stated EXACTLY. properly classified. E

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

properly certificate.

Jo

on back

See instructions

TION is very important.

(Address)

(Address)

19. UNDERTAKER

20. FILED CE 2

18. BURIAL, CREMATION, OR REMOVAL

of OCCUPA.

Exact statement

item of infor-

-WRITE PLA

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1. PLACE OF DEATH	CERTIFICATE OF DEATH 00011
County Gellagany Village or City County Gellagany	No. BY B. Registration Dist. No. No. BY B. Registration Dist. No. Ward death occurred in a hospital or institution, give its NAME inserts of street and number)
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Richard Frances Char	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aw. 10
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 22, I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Och 23 1872	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
Trade, profession, or particular kind of work done, as SPINNER, Station lagent	were as follows and were the form Date of onset
9-Industry or business in which work was done as SILK MILL, BAR BAR BER CO.	01919444
10. Bate deceard last worked at this occupation (month and spear)	Droper Lead
12. BIRTHPLACE (city or town) Borden Shaft (State or country)	Other Contributory Causes of Importance:
13. NAME Graham Chancy	Nicery .
14. BIRTHPLACE (city or town) (State or country) When the state of th	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thangares 8. / Bowdere 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury Nature of injury.

If so, specify

(Signed).

(Address)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SH DEALLY	<i>b</i>		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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FOR	
RESERVED	
MARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH item of infor-OCCUPA. 1. PLACE OF DEATH plnods County Registration Dist. No (If death occurred in a hospital or institution, give, its NAME instead of street and number) Every How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement ds. PHYSICIAN CORD. (Usua) place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. 5EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of stated EXA 1935 to Jun 29 1930 certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months If LESS than Davs to have occurred on the date stated above, at 1.25 am 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trede, profession, or particuler OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Jo back 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.____ AGE should may 10. Date deceased last worked at instructions on 11. Total time (years) spent in this this occupation (month end that occupetion. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) See Name of operation Noue (Stete or country) should be carefully What test confirmed diagnosis? Physical Sighs. Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city of town) Accident, suicide, or homicide?______ Date of injury______ 19_____ (State or country) Where did injury occur?___ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury AUSE mation tan 2/ 1935 LION Neture of injury. 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify N. B. 20, FILED Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis :	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 00

1	1. PLACE O			TIMEN CON	PORATE LIMITS @	,
		ALLEGANY		*	Registration Dist. No.	4
	village or (city CUMBER	DAND	(1	No. St., f death occurred in a hospital or institution, give its NAME instead of street	6 - Ward
	Length of res	idence in city or town where	death occurred	yrsmo:	sds. How long in U.S. if of foreign birth?yrs	mosds.
:	2. FULL NA	ME Stell	born	Caay	ber)	
	(a) Resider	nce: No. Rt. #	3, BEDFO	RD, PA.	St.,Ward.	
generate and	PERSON	NAL AND STATIST	(Usual place		If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3.	SEX	4. COLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	-
	MALE	WHITE	OR DIVORCE SINGI	D (write the word)	January 12.	193 5
5e	. If married, widov HUSBAND of	ved, or divorced	· DINGI	212		(Year)
	(or) WIFE of				22. 1 HEREBY CERTIFY, That I atten	ded deceased from
6	DATE OF DIRTU	(month, day, and year)	January	12,1935	Jan /2 1935, 10 Jan 12	19.5.4.
-	AGE Yes		Days	If LESS than	to heve occurred on the date stated above, at 10:25m. PM.	\$2.1; death is said
		still as		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
z	8. Trade, profe	ssion, or particular work done, as SPINNER,	<i>N</i>	, ot	wate as follows:	Date of onset
TIO	SAWYER	, BDOKKEEPER, etc.			Sullborn	
OCCUPATION	work wa	business in which s done, as SILK MILL, LL, BANK, etc			Protra Wterinellephysia	
၁၁၁	1D. Date deceas	ed last worked at	11. Total t	ime (years)		
	this occupation (month and spent in this occupation					
12. BIRTHPLACE (city or town) MARYLAND (State or country)					Other Contributory Causes of importance:	
ER	13. NAME	CHESTER CO	OPER			
FATHER		(city or town) WE	ST VIRGI	NIA	Name of operation	
# 15. MAIDEN NAME VIRGINIA KIGHT					What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME VIRGINIA KIGHT 16. BIRTHPLACE (city or town) MARYLAND (State or country)					Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.			OSPITAL ND. MD.		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Described Cam Date Jan 4 1935			, ()	114,195	Manner of injury	
19. UNDERTAKER Chester Carbon (Agdréss)			6 Can	mid	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20.	FILEDORN	14,1035 (20	Larney 1	Registrar.	(Signed) Hay H Alynn (Address) Middle Bld	Colo M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00013		
1. PLACE OF DEATH	(124.7)		
County allegany WITHIN CORPO	SHATE LIMITS		
	Registration Dist. No.		
Village or City assilved and	No. Ward death occurred in a horpital or institution, give just NAME instead of street and number)		
Length af residence in city or town where death accurred	16 ds. Haw lang in U.S. if of foraign birth? yrs. mos. ds.		
2. FULL NAME George W book	er		
(a) Residence: No. 18 Destval	St., Ward.		
AUsual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH		
Male Colored Dingle	(Manth) (Day) (Yaar)		
5a. If marriad, widawed, ar divorced HUSBAND af			
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
0 1010	195 b, to 19		
6. DATE OF BIRTH (month, day, and year) Lec 25 - 1909 7. AGE Yaars Manths Days If IFSS than	last saw have alive on few 1935; death is said		
1 day	ta hava accurred an the date stated abava, at		
25 / lay,min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as fallows:		
8. Trade, prafassian, or particular kind of wark dana, as SPINNER, Waiter SAWYER, BOOKKEEPER, etc.	Hemorrhage of slowach		
8. Trade, prarassan, or particular kind of wark dana, as SPINNER, sawyer, BOOKKEPER, etc 9. Industry or businass in which wark was dana, as SILK MILL, Restautant SAW MILL, BANK, etc 10. Data deceased last warkad at this recognizing morth and this properties of morth and this properties of morth and this properties of morth and the second statement of the sec	Certhosis of Liver		
10. Data deceased last warked at this occupation (month and part 7-35) 11. Tatal time (years) spent in this 9 year)			
6) / A	Other Coatributory Causes of importance:		
12. BIRTHPLACE (city ar tawn)			
13. NAME John Cases			
13. NAME John Cooper 14. BIRTHPLACE (CITY or town) Country Land			
14. BIRTHPLACE (city ar tawn)	Name of oparatian Date of		
E 15, MAIDEN NAME 2/2 tties GALLER	What tast canfirmed diagnosis?		
E	23. If daath was due to axtarnal causes (VIOL ENCE) fill in also the fallowing:		
O 16. BIRTHPLACE (city or tawn) Cumbelland (Stata ar caunity)	Accidant, suicida, ar hamicida?		
(State of Country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT TO CATHER	Spacify whathar injury accurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Impour Climboate 1/13, 1935	Nature af Injury		
19. UNBERTAKER Stellies Stein Inc	24. Was disease or injury in any way related to occupation af deceased?		
(Alldrass) Smaller Spand.	If sa, spacify		
20. Stephen 121935 Jonewel N Ten	(Signed) M. D.		
Registrar.	(Addrass)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINCALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH	0001
or military of DEMI	000

1. PLACE OF DEATH	William Italian	(I-a)
County Allegan	WILLIAM CORP	PORATE LIMITS Registration Dist. No.
tings of org	erland Md.	No. Memorial Hospital St., ————————————————————————————————————
	s. Katie Cooper	
	7 Maryland Ave., O	
PERSONAL AND STAT	ISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACK		21. DATE OF DEATH January 1, 35
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Himmon	C. Cooper	(Month) (Day) (Yes
6. DATE OF BIRTH (month, day, and year)	May 14, 1877.	I last saw har alive on 13 - 3 193 Keepth 1
7. AGE Years Month		to heve occurred on the date stated above, at 6:35 m. A . M . The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNEL SAWYER, BOOKKEEPER, etc		were as follows:
kind of work done, as SPINNEI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	Housework	Menmoure 2
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	() () /4.
12. BIRTHPLACE (city or town)	w York	Other Contributory Causes of Importence:
	Feidner	
14. BIRTHPLACE (city or town)	w York	Name of operation Date of Date of What test confirmed diagnosis? Haw was there an autopsy?
15. MAIDEN NAME . Mary	Kelley,	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Kelley, 16. BIRTHPLACE (city or town) (State or country) New York		Accident, suicide, or homicide?
17. INFORMANT Nemorial I (Address) Cumberle		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	w Jate Jm 4 , 1934	Manner of injury
19. UNDERTAKER 7M B (Addiess)	Tracey	24. Was disease or injury in any way related to occupation of deceased?
20. FILED and 2 1936	101 done	(Signed) / Weight

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	11		
ero-q			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) WITHIN COP C' (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFIY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and 7. AGE Months if LESS than to have occurred on the date stated above, at 10: 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... PATION 9. Industry or business in which work was done, as SILK MILL, 10. Date deceased last worked at (total time (years) spent in this occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME Name of operation (State or country) What test confirmed diagnosis?. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?... (State or country Where did injury occur?_

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address) Registrar.

Manner of Injury Nature of injury. 24. Was disease or injury in eny way releted to occupation of deceased?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

(Specify city or town, county and State)

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.-The month and year the deceased last worked at the occupation.
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
- 1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAL	N
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STATE OF MAR IFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Every Length of residence in city of town where death occurred statement How long In U. S. if of foreign birth?______mos. ds. PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nomesident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) assified. (Month (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE proper Years Months Days If LESS than to have occurred on the date stated above, at __ 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related couses of Importance or min. were as follows Date of onset Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.___ of CUPAT pinoy may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) spent in this no ID. Date deceased last worked at this occupation (month and that vear) instructions occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town plain Name of operation. (State or country) carefully What test confirmed diagnosis?. Was there an autopsy?____. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide (State or country) pe Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL GREMATIDN OR REMOVAL Manner of Injury AUSE mation Place LOIL Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased (Address) If so, specifi B Registrar. (Address) 1 enselle If more blanks are needed, address State Registrar, eq. 1 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CRIVER Y

FIND SKELETON AMONG

various r ceased ha returned C 1 29, 1935 Believe Bones Those Of J. S. answer to Question 9. in answe however. Dawson, Of Ridgeley, Misswho had ing Since March

> The skeleton of a man believed ticular kind of work do to be that of John Samuel Dawson vhich the work was don 21, of Ridgeley, missing since March ased last worked at the was found about 3 p. m., yesterday ased followed the occu

out the p small island in the Potomac river eturn that, as spinner,

the partic the city. The discovery was made etc., as grocery store, Distriby Delbert Venetta, 1209 Lexington etc., as grocery store,

Distribute avenue. The skeleton was removed as of engineers by star

chanical (to the Stein Funeral Home, pending ary engineer, etc. Avo of the occ disposition.

should be skeleton, but nothing to establish k.

State identification. The authorities saidf death means the disc mode of that the measurements led them to ia, asthenia, etc. As p: As relate the belief that the bones might benditions, if any, relate, of the pri that of Dawson, Mineral county of ory causes of important, ficers will check on the dental work

to see if any local dentist could ldentify his work.

The prine Shoes, Note On River Bank of import

To b

Dawson's shoes and a farewell Arterioscle note to his young wife with whom he had quarreled, were found on Chronic ir the West Virginia bank of the ice-Cerebral h covered river in early March. Searchers broke the ice and dragged the stream but no trace of his body was found.

Venetta said he was walking on Other con the small island below the Western Maryland Railway bridge at Knob-Gallstones ley tunnel when he noticed the skeleton.

> Dawson is described by relatives and friends, as about 5 feet, 10 inches tall and weighing between 145 and 150 pounds. The skeleton appears to have been that of a E FOR FURTHER S man near that height and weight.

tement of occupation is BUSHES ALONG RIVER entry in this section prior to woman whose only occ

must state:

In st wedged between the bushes on ale of such indefinite te In st near Wiley's Ford, W. Va., south of oid the use of such ge machinist Pieces of clothing hung to the retail merchants 1

	1	p.
uses	Date of onset	The of i,
	1915	Atta
	1921	Run
	July 5,1927	Peri
)		
		Oth
1117	May 1,1923	Gast

ATH

appropriate terms, as so Believed To Be J. S. Dawson I, etc. For a person of Ridgeley-Authorities Seek Identification

> The skeleton of a man was found yesterday, wedged between bushes on an island in the Potomac river Perative," etc. near Wiley's Ford, W. Va., south, of Cumberland, by Delbert Venetta. of 1209 Lexington avenue.

City and county officers last night re precise statement se the word "mechanic said they helieved the skeleton was s carpenter, painter, that of John Samuel Dawson, 21, of Ridgeley, W. Va., who disappeared last March, after leaving his auses death, not the shoes and a farewell note on the njury causing death. West Virginia bank of the ice-covered river. Investigators said Dawson apparenty leaped into the stream, following an argument with his young wife. Searchers broke the ice and dragged the river for several days, after a farewell note was found, but no trace of his body was discovered.

Measurements Tally

Shreds of tattered clotbing clung to the skeleton, but officers found nothing to establish identification, beyond the fact that the measurements tallied with those of Dawson, who was five feet, ten inches tall and weighed 145 pounds. Mineral county authorities are investigating in an effort to identify the skeleton through a check on dentists, who may be able to recognize their work on the teeth of the gruesome remains.

Venetta said he was walking on a small island below the Western Maryland Railway bridge, near the Knobley tunuel entrance, when he discovered the skeleton. He called a companion, Alfred Ullery, of 1205 Lexington avenue, and they notified county authorities.

tive healthfulness of or over. If the dely employed may be ork, write housewife c service for wages.

Find

"mill," etc. State

civil engineer, meson who sells goods

portant complication injuries. Examples:

ed causes	Date of onset
	1 week ago
	3 days ago CEIVED
	HOV 6 1999
e:	BUREAU V. S.

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH WIFADING INK THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00017
1. PLACE OF DEATH	122-8
County Mlegany COR	PORATE LIMITA Registration Dist. No.
Village or City Cumberland	No. btllegamen Hohat & 4 ward
(If Length of residence in city of fown where death occurred 90 yrs	death occurred in a hospital or institution sive its NAMP instead of street and number)
1 00.00	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Dannel Dynn	Oamston)
(a) Residence: No. 6/8 + Augustian (Valual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White ORDIVORCED (write the word)	1950
5a. If married, widowed, or divorced	(Month) (Pay) (Year)
HUSBANO of Jessie Ensey	22. IMEREBY CERTIFY, That I attended deceased from
0	19 Di to 19 35
6. DATE OF BIRTH (month, day, and year) we 73 1870 7. AGE Years Months Oays If LESS than	I last saw h, 19. 20; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	No the contract
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	wall y fleding
SAW MILL, BANK, etc.	of Colored
this occupation (month and spant in this	The state of the s
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Oaltimose	
(State or country)	
14. BIRTHPLACE (city or town) meerslong	1
4 14. BIRTHPLACE (city or town) Meurstong (State or country)	Name of operation Date of Date of
	What test confirmed disphosis? Was there an autopsy?
I for the	23. If death was due to external causes (VIOLENCE) fill In also the following:
O I 16. BIRTHPLACE (city or town) Lunary Gr. Va (State or country)	Accident, suicide, or homicide?Oate of injury, I9
6 0	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tru Itale Cens Oate from 11, 1935	Nature of injury
19. UNDERTAKER Linis Stein 9mg.	
(Addiess) Comberland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED and 10 1935 Barney & Weiss	(Signed) Selection In
20. FILED CAULE	(Arthress) Cr. Mans Co. st. a
If more blanks are needed, address State Registrar	N Chedy Street Belief P . 51 C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPAU V. S.	. ,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	- 1
BINDING	
FOR	
RESERVED	
MARGIN	

	nfor- state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00018
James		1. PLACE OF DEATH	(BFa)
(11)		County ALLEGADY WITHIN CORPO	DRATE LIMITS Registration Dist. No.
0	should of OCC	Village or City CUMBERLAND	No. ALLECANY Hack St., 4 Ward
3	-= 0	(If Length of residence in city or lown where death occurredyrsmos.	death occurred in a hospital of institution, vive its NAME instead of street and number) ds. How long in U.S. if of foreign birth? vrs. mos. ds.
U	Every CIANS ement	10 / He.	Sant - Helen ann.
R	RD. Every YSICIANS statement	2. FULL NAME PROPERTY OF THE P	Solv Word P / 22
		(a) Residence: No. (Usual place of abode)	St., Ward If nonresident give city or town and State
	RECC PH 'xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	H . E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DOWORCED (write the word)	21. DATE OF DEATH
75	L'A	TEMALE White dength	(Month) (Dey) (Year)
BINDING	PERMANENT EXACTL I I classified.	5a. If merried, widowed, or divorced HUSBAND of	22. / ! HEREBY CERTIFY, Thet I attended decessed from
9	MA A ass	(or) WIFE of	January 3 ,1935, to tauce eng 4 1935
SIN	EX EX y cla	6. DATE OF BIRTH (month, day, end yeer) 1 - 3 - 35	Lest sew h alive on face of 4 , 19 11; death is selde
	IS A PEl stated E properly certificate.	7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et +Q:10_lm.
FOR	IS A F stated properl	1 day, 1.3. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
	70	8. Trede, profession, or particuler kind of work done, as SPINNER,	
回	14	SAWYER, BOOKKEEPER, etc	Magazine Collapse of 174/31
R.	should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc.	Lings -
RESERVED	A	11. Total time (years) this occupation (month end spent in this	
RE		year) occupation	Other Cantributary Causes of importance:
	H KNFADING supplied. AGI in terms, so tha	12. BIRTHPLACE (city or town)	
RGIN	FA] ied. ns, stru		
A. H.	supplied n terms, ee instru	13. NAME WILLIAM BERT FOMONSON	
Z	rH y su lain See	[14. BIRTHPLACE (city or town) NORIETT A ONIO.	Name of operation
		15. MAIDEN NAME FRANCES CECILIA BURNS.	Whet test confirmed diagnosis? Wes there an eutopsy? 23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
	INLY, WI be careful EATH in limportant.	5 16. BIRTHPLACE (city or town) CHARSER LAIVE MO.	Accident, suicide, or homicide?
	ILY NTH	State or country)	Where did injury occur?
	d be can DEATH y import	17. INFORMANT PLLEGANY HOSPIYON	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
	S PLA Should OF D	(Address) CUNBCRLAND MR	
		18. BURIAL, CREMATION, OR REMOVAL Place Will Still Company Date 1 7 19.36	Manner of injury
	WRIT mation CAUSE	Place Wile Sur Company Date 19.56	nature of injury
-	matio CAUS	19. UNDERTAKER Armo Signa Ina	24. Was disease or injury in any way related to occupation of deceesed?
S. No. 1	H T	(nadiess)	If so, specify Aumentin factors (Signed) M. D. M. D.
>.	ż	20. FILED State 1, 1935 A Noveley N Registrar.	(Address)
			2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURPAUVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

N)	N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
INDING	RMANENT RECO	XACTLY. PH	classified. Exact	
RVED FOR B	-THIS IS A PE	ould be stated E	may be properly	back of certificate
MARGIN RESERVED FOR BINDING	NFADING INK	upplied. AGE sh	terms, so that it	e instructions on l
	LAINLY, WITH	uld be carefully s	F DEATH in plain	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE F	mation sho	CAUSE OI	TION is ve

ż

STATE O	F MARYLAND-	CERTIFICATE OF DEAT	H
1. PLACE OF DEATH)	(92-02)	00013
County Mally he	WITHIN COR	PORATE LIMITS Registration Dist	. No. 4
Village or City	uland	No. 257. Telder	St. 6 - 3 Ward
		death occurred in a hospital or institution, give its NAME ins	tead of street and number)
Length of residence in city or lown where d	. 5	ds. How long in U.S. if of foreign birth?	yrsds.
2. FULL NAME Jenni	e tevans		
(a) Residence: No. 257	alder	St., 6-3 Ward.	10
PERSONAL AND STATISTI	(Usual place of abode)	MEDICAL CERTIFICATE O	city or Iown and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH	C
France White	OR DIVORCED (write the word)	Jan	5 ,193,5
5a. It mesicd, widowed, and worked	-	(Month)	(Day) (Year)
Jacob &	voine	22. HEREBY CERTIFY,	That I attended deceased from
10.	1805 1017	92C/6,1939, to	n 5 1935
6. DATE OF BIRTH (month, day, and year)	422 1861	I last saw h landalive on Aller 3	, 1923; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
13 3	ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	House duty	Duration:	many years.
	/) accessores:	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	!!	My ocardino:	Iwating : many
- 1 tills occupation (month one	11. Total time (years) spent in this	Ninice /	years. Cever 87
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	one		
(State or country)	, 000	non	
13. NAME CONT 14. BIRTHPLACE (city or town)	wow		
14. BIRTHPLACE (city or town) (State or country)	* / Curw	Name of operation	Date of
	412 - 1	What test confirmed diagnosis	Was there an autopsy
E	journ	23. If death was due to external ceuses (VIOL ENCE) fill in	
16. BIRTHPLACE (city or town) (State or country)	* Kun	Accident, suicide, or homicide? Oate	of injury, 19
m. ned 2	200Thank	Where did injury occur?(Specify city or tow Specify whether Injury occurred in INDUSTRY, In HOME,	n, county and State)
17. INFORMANT / 17. (Address) 257 Eldu Sa	Cit	Specify whether injury occurred in INDUSTRI, In HOME,	OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0/0	Manner of injury	
Place Rose Trill Cly	Oate on 7 , 1935	Nature of injury	
19. UNDERTAKER J. A. Bu	tles	24. Was disease or injury In any way related to occupation	of deceased? ho
(Address)	and ma	If so, specify	<i></i>
20. FILED 2 8 1935 The	ruel X Meise	(Signed)	C/ M. D.
, 19.	Registrar.	(Address) Cumples	land has
If more l	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	of infor-	uld state	CCUPA-
)	item	sho	of (
	D. Every	SICIANS	tatement
	RECOR	Y. PHY	Exact si
	WITH JONFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	sfully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
7 070 7	IS A PE	stated E	properly
1	HIS	pe	pe
2	INK-T	plnods	it may
	NG	AGE	that
	DI	-:	SO
	SNFA	upplied	terms,
	VITH	ully s	plain
	-	ef	=

See instructions on back of certificate.

TION is very important. mation should be car CAUSE OF DEATH

N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00020
1. PLACE OF DEATH	OPEN TO SEATT OF SEATT
County allegand	Registration Dist. No.
Village or City Hosternkort	Al-
CONFORME LINE OF 10 / (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Shlyman	Tazentaker
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m' married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Janet Helson.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mass. 22.1865	I last saw h alive on19 : death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at 3 50 km.
69 9 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho Parumones Date elent
SAWYER, BOOKKEEPER, etc.	75.35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this requestion (control and the control and the co	
this occupation (month end /// 4 Kl spent in this . A	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Swell County (State or country)	Canto Dillotation Theart
	· · · · · · · · · · · · · · · · · · ·
I OLO	none (
14. BIRTHPLACE (city or town) Markett County (State or country)	Nama of operation Date of What test confirmed diagnosis? Westhere en autonsy?
15. MAIDEN NAME Myra merrell	What test confirmed diagnosis? Wes there en autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Garatte Co.	Accident, suicide, or homicide?
X (State or country)	Where did injury occur?
17. INFORMANT Clary Hazenbakes	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Meatalport Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Westernbut modele and: 15 1935	Manner of injury
A. A Basile	Nature of injury
19. UNDERTAKER (Address) Hestunkout Ma	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jan. N. 1935 A Describelon	(Signed) M. D.
Registrar.	(Address) Masketeness That
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ENFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY, WITH

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00021
1. PLACE OF DEATH WITHIN COR	PORATE LIMITS (1) (2)
County Allegany	Registration Dist. No.
Village or City Comberland	No. 500 Mar(f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME many thouse.	THE ROLL OF THE PARTY OF THE PA
(a) Residence: No. 500 Parks.	St., 5 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX, 4. COLOR OF RACE S. SINGLE MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DEVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(0) 1112 01	Jan 8 1935 to land 6 10 3
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on 1 32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Yam
6/lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or partiaular	were as follows: Oate of onest
kind of work done, es SPINNER, Tracket	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (most) and	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
Cha di - a	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Jarrey !
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. NAME (Marles Hord.	V
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) holling	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT mo Amold Buma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Comfortand	
18. BURIAL CRAMATION, OR REMOVAL	Manner of injury
1 1834 (Mer 1 anglo (base) / 10, 1834	Nature of injury
19. UNDERTAKER Lomo Stem > 9 de / -	24. Was disease or Injury in any way related to occupation of deceased?
(Adyress) makenda d	If so, specify A
20 FUED (1 20 /1 7 3.3 P) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) M. D.
20. FILEO CANALON 1933 Address of Registrar.	(Address) M. U
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1.	PLACE OF DEAT			ATLIN CODE	ORATE LIMITS Registration Diet No.	10024
	County My	gnn	7	ALL COUL	Registration Dist. No.	4
	Village or City Lu	mker	land		No. / 3 Old St., death occurred in a hospital or institution, give its NAME instead of street a	Wa
	Length of residence in cit	y or town where de	eath accurred 4		ds. How long in U.S. if of foreign birth?yrs	
2.	FULL NAME	marit	clar.	1/400	nt	
	(a) Residence: No/	15 B	1000	Count ann a star of an I to Market. The	S. 4 Ward.	
	(a) Nesidence. No/	1.2.4	(Usual place	e of abode)	If nonresident give city or town	and State
	PERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SI	emale he	R OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. I	f marriad, widowed, or divor HUSBAND of (or) WIFE of	reed	France	thi	22. HEREBY CERTIFY, That I attended	
4 D	TE OF DIRECT			0,001	Vlast saw h. Lta alive on 1 - 7 - 3 5 19	غ نو. 19 ,
7. A	ATE OF BIRTH (montly, day GE Years	, and year) Months	Days	If LESS than	to have occurred on the date stated above, at 9 50 Am.	; death is sa
	40			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NO	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	S SPINNER.	Amaga	ormin.	were 3s follows: accurowa of Frest	Date of ons
JPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	which	1 74			
DOCC	10. Data deceased last work this occupation (mon year)	ked at	Sp:	time (years) ent in this		
12. 1	BIRTHPLACE (city or town). (State or country)	Com	Perlan	d by	Other Contributace Causes of importance:	
œ	13. NAME And	1- 1	71	1		
포너	- VVVVV	I have	my	no la	leone	
FAT	14. BIRTHPLACE (city or tov (State or country)	wn). W	m ru	mil	Name of operation Date of	if
2	15. MAIDEN NAME	2000 (2	1/-	,		an autopsy?
Ξ -	16. BIRTHPLACE (city or toy	un)	And	10	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	
Σ	(Stata or country)	MII) J (See 2000)	m.r.v.us	Ind	Where did injury occur?	, 13
17. 1	NFORMANT Page	and o	Francis	<u>z</u>	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. E	BURIAL, CREMATION OR RI	EMOVAL /)	/	Manner of injury	
	Place tellers	as Cim	Date/_	10,1935	Nature of injury	
19. l	UNDERTAKER Anno	Stern	I Ime,		24. Was disease or injury in eny way related to occupation of deceased?	co
	(1,001,003)	mile	your		(Signed)	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10.1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state QAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Every item of UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT,

1. PLACE OF DEATH (Dist. No)	Series No
County allegany	West Virginia State Department of Health
District	CERTIFICATE OF DEATH OOO23 FOR STATE REG. USE ONLY)
Town or City Clatown	No. St., Ward A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)
2. FULL NAME Russell Many	uel Jenevan
(a) Residence. No. Clatoun (USUAL PLACE OF ABODE)	St.,Ward
Length of residence in city or town where death occurred yrs. PERSONAL AND STATISTICAL PARTICULARS	mos. days. How long in U. S. A., if of foreign birth? yrs. mos. days. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Divorced (write the word) Male White Lungle	21. DATE OF DEATH (month, day and year) 1 1032
5a. IF;MARRIED, WIDOWED, OR DIVORCED Husband of (or). Wife of	1971, to San 211921, 1973 I last saw harm alive
6. DATE OF BIRTH (month, day, and year) Sept 23, 1934- 7. AGE Years Month Days If LESS than	above at 1000, death is said to have occurred on the date stated above at 1000 m. The principal cause of death and related causes of importance in order of onset were as follows:
8. TRADE, PROFESSION, or particular	Date of onset
kind of work done, as spinner, sawyer, bookkeeper, etc. 9.1NDUSTRY OR BUSINESS, in which work was done, as silk mill, saw mill, bank, etc. 10. DATE DECEASED LAST WORKED at this occupation (month and spent in this	Primary Enougho-Insumenia. not
11. TOTAL TIME (years) spent in this year) occupation occupation	Contributory causes of importance not related to principal cause:
12. BIRTHPLACE (olty or town) Cledtown (State or Country)	
13. NAME Cluved M. Jinevan 14. BIRTHPLACE (City or Town) Clavory	Name of operation 2 Date of
14. BIRTHPLACE (City or Town) Catherine (State or Country) Many Connel	What test confirmed diagnosis? Was there an autopay?
15. MAIDEN NAME Eva Pearl Shront	23. If death was due to external causes, fill in also the following: (Check) Accident—Suicide—Homicide? Date of lojury
16. BIRTHPLACE (City or Town) Morrifield (State or Country) 10. MAIDEN NAME (State on Town) Morrifield (State or Country)	Where dld Injury occur? (Specify City or Town, County, and State)
17. INFORMANT Elwood M. gineraus (Address) (ledtown) md	Check whether injury occurred in Industry home public place
18. BURIAL CREMATION, OR REMOVAL Place Oldrown The Electric Jan 6, 1935	Nature of lujury
19 UNDERTAKER Walter Hausrote	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jase 5, 1935 Carrie a Shornhold Registrar. 3	(Signed) M. D. M. D. C. M. D. M. D.
0	0 80

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset	The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Contributory causes of importance not related to principal cause:		Contributory causes of importance not related to principal cause:		
Fracture of arm		Influenzc	6 weeks ago	
Automobile accident	May 3, 1927			
	V CT			

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL S	SPACE FOR	FURTHER STA	TEMENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00024
1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City Bresatotown	
	No
Length of residence in city or town where death occurred yrs,	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Thornton C	frant.
(a) Residence: No. Conksaptown (St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Conrie Const.	22. HEREBY CERTIFY, That I attended deceased from
varie gran.	- Jan 8, 1934, to Jan 130, 1934
6. DATE OF BIRTH (month, day, and year)	Hast saw herralive on are 17 1973; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Des Objects
0 4 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Myseardels 1-10-3
9. Industry or business in which work was done, as SILK MILL, Lucke Gardening SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cresastown	Larrale:
(State or country)	
13. NAME Co-harles grant 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wengie	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
P D D	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Charles (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hill Crest Date Jan 15, 1934	Nature of Injury
10 HADERTAKER Description of Blades . 1	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER acot for the first of the fir	If so, specify
20. FILED / 14 1935 - MY Honeus L-	(Signed) Or he W Dunger M.D.
Registrar.	(Address) - Office former former by Marine
	The same with the same

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i	Example II	100
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(D)
County alleganess s	Registration Dist. No.
Village or City Blanton	No. St. Ward
"Mig" (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	9. 9. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME fragmin Deptins	a Dreen
(a) Residence: No. 1) it is new for allow	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	2. DATE OF DEATH ON 5 193 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	1935, to Lease 5 , 1935
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on, 19_30-; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at _ 6 = 3 U. 9 m.
1 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Carely & Combolis
9. Industry or business in which work was done, as SILK MILL.	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year) yaar) occupation occupation	
Rota	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Should waterliers
13. NAME Elbert Dough	4.533
(State or country)	Name of operation Data of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Seneralle MC Manage	
16. BIRTHPLACE (city or town) a wilter	23. If death wes dua to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT & West Green	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Borlow Md.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place flivor encluyate on 7, 1925	Nature of injury
19. UNDERTAKER A - S. Boal	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Baston Md	If so, specify
20. FILED Jan 6 1935 Sa Bone her	(Signed) M. D.
Registrar.	(Address) Que Le La Company (Address)
If more blanks are needed, address State Registrar, a	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

(Year)

Date of onset

(Day)

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baftimore, Requesting U. S. No. 1.

S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLA	CE OF DEATH					2	
Cou	ntyALLEG-A	N.Y	WHI	HIN CORPO	DRATE LIMITS	Registration Dist. No.	4
				MEMORIA	L HNOSPITAT.		
Leng	th of residence in city or t	THE LEAD AND A SHAPE	MINI	-MITH OUT I	death occurred in a horpital o	St. St. institution, give its NAME instead of street	and number)
					-6as. How long in C	J.S. if of foreign birth?yrs	mosds.
	L NAME Dr.						
(a)	Residence: No	GEPHAN	(Usual place of	VE CUMB	ERISAND, MDword.		
PE	RSONAL AND S	TATISTICA			MEDICA	If nonresident give city or town	
3. SEX	4. COLOR OR	RACE 5.	SINGLE, MARE	IED. WIDOWED.	21. DATE OF DEA		П
MAL	E WHITE		OR DIVORCED	(write the word)	Va	711, 77.	193
5a. If marrie HUSBA	d, widowad, or divorcad				0	(Month) (Day)	(Year)
(or) W	ire i	tredo	, de	Aci	22. IHER	EBY CERTIFY, That I atten	ded deceased from
		0	2	19.	Jan 16		7 19 3 3
7. AGE	BIRTH (month, day, and)	Months /	Days	If LESS than	Mast saw h_Lang_ elive	on 4 4 7 7 , 191 te stored above, at 530 Am,	death is seid
	55	4	100	I day,hrs.		F DEATH and related causes of importance	
8. Trac	de manda de la	7 I	19	ormin.	wera as follows:	DEATH and related causes of importance	Date of onset
0	kind of work dona, as SP SAWYER, BOOKKEEPER, e	INNER, DIETT	SICIAN		600	h	
4 9 Indu	stry or business in which	1				Puemonia	
200	work was done, as SILK N SAW MILL, BANK, etc		1				
130	e deceased last worked at this occupation (month end			in this			
	year)	11 -	occut	oation	Other Contributory Causes	of importance:	
	ACE (city or town)	Coorle	begn	1			
	0.	- 1	19				
13. NAM 14. BIRT	- July W	rac 1	Herre	70			
4. BIRT	HPLACE (city or town) (State or country)	Moor	you	Jan		Date of	
	DEN NAME	1/	0.00		What test confirmed diagno	sis? Was there	an autopsy?
I		V.L	Kau	•		nal causes (VIOL ENCE) fill in also the follow	
	HPLACE (city or town) State or country)	more	low	non f		de? Date of injury	, 19
		HOODE	DAT	7	Where did injury occur?	(Specify city or town country and	State)
17. INFORMA (Addi	MEMORIAL				Specify whether injury occu	rred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
	CREMATION, OR REMOVA	LAND, MI	1				
Place	Theleres	of there	te tau	A4.1935	Manner of injury		
	Low	1) 24		-1	Natura of Injury		
19. UNDERTA			TA CA	· A Que	If so, specify	any way related to occupation of deceased?	
lan 511 /2	11/0/11/20	- 1		m.	(Signed)	PILA HOUR	
20. FILED	CU XIT, 1922	Jewell	y N	Registrar.	(Address) 1.	2 200	M. D.
					(7.001003) - 12-	() () () ()	

-WRITE

PHYSICIANS should state

CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

SARGIN RESERVED FOR BINDING

-WRITE PLANKLY, WITH CNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE FOR	DUDTUED	OT A TEMENTO	DV	DUVCTOTAL	NT.
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BX	PHYSICIAL	N

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. F	PLACE OF	DEATH	WIT	HIN CORPOR	PATE LIMITE (3)	- 0. 52.		
30	County Village or Cit	Megany	land		No. Green	Registration	Litel St. 6	→/ Ward
	Length of resid	lence in gity or town where	death occurred	75 yrs. mos	death occurred in a hospital of	Cinstitution, give its NAMI. S. if of foreign birth?		
2. 1	(a) Residenc	1 00	(Usual place	tel of abode)	St., / Ward.	If nonresident	give city or town as	nd State
	PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICA	L CERTIFICATE	OF DEATH	
3. SEX	mle	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEA	TH Jan (Month)	26 (0ay)	, 193 6- (Year)
H	married, widowe USBAND of or) WIFE of	d, or divorced	_		22. I HERE	EBY CERTIF	7. That I attende	d deceased from
		month, day, and year)	almy	1859	Flast saw hain elive		bn 26	ر 19 مر 19 مر الم
7. AGE	m 7	5	Oays	If LESS than 1 day, hrs. ormin.	to have occurred on the date. The PRINCIPAL GAUSE OF were as 10 lows.		es of importance	Date of onset
TIOI	SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Plast	rer	haphine	in wi	Z	7.
OCCUPA	work was SAW MILL	done, as SILK MILL, , BANK, etc d last worked at	11. Total	time (years) nt in this	ouen			**
0	year)	ation (month and	spa	upation	Other Contributory Causes	of importance:	/	
~	(State or count		11	md.	lilging	ement	Jun	
E	. BIRTHPLACE	(city or town)	CE.		Name of operation	wh.	Re- Oate of	
00	(State or o	71/1.	ti -	any.	What test confirmed diagno:		Was there er	
15 16	BIRTHPLACE (Accident, suicide, or homici			
	(State or of ORMANT) (Address)	1/6.	Inlloy	gr	Where did Injury occur? Specify whether injury occu		town, county and St DME, or in PUBLIC P	
18. BUI		ON, DO REMOVAL	looks for	129,19.33	Manner of injury			
19. UN	OERTAKER A	misting	Ind.	,	24. Was disease or Injury In If so, specify	any way related to occup	ation of deceased?	ho
20. FIL	Edans	29,1851	January)	YONeea. Registrar.	(Signed) (Address)	La an	bulan	of he
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimo	ore, Requesting U. S. No.	I.	1

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item of infor-

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	DI	IIIIDIOIZII

TION is very important. See instructions on back of certificate.

-WRITE PL

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STATE OF M.	ARYLAND-C	CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	00023
County Allegany	REGISTRATION DIST, No.
Village or City Combelland	No. 10 24 Columbia St., 3 Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tillian	Till
(a) Residence: No. 10 4 Columbia (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and years for 28-1876	I last saw h \ a alive on 1 192 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at, m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
O SAWYER, BOOKKEEPER, etc.	A ~ 1 A A A A A
A Industry or business in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc.	24/2
10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and year) spant in this occupation coupation	
Chad	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 7/ 12. DD	
H C C	1 4-1
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
A	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
S (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place solving My Date Sam 5, 193 9	Nature of injury
19. UNDERTAKER Joseph Steil Zuce	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDAN 5 , 185 Harwey Mora	If so, specify (Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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18. BURIAL, CREMATION, OR REMOVAL

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town How long in U.S. if of foreign birth?_____yrs.____mos.__ (a) Residence: No. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (wafte the word) 5a. If married, widowed, or divorced HUSBAND of 22. REBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months. Days If LESS than I day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation __ 185 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) ---- Was there an autopsy? 4 10 MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) 1 1)-e Accident, suicide, or homicide?______ Date of injury______ 19__ (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address)

Nature of Injury 19. UNDERTAKER 24. Was disease or injury in any way (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	į	2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	00031

1. PLACE OF DEATH		
County allequity	WITHIN COR	PORATE LIMITE Registration Dist. No.
Village or City Samuel	and d	No. 20 9 Ward death occurred in a horpital or institution report its NAME instead of street and number)
Length of residence in city or town where death	occurred 36 yrsmos	ds. How long In U.S. if of foreign birth? 44 yrsmosds,
2. FULL NAME ada Ca	lith Kennedy	
(a) Residence: No. 209 2m	(Usualplace of abode)	St., 6-3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	4	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. Se. If married, widowed, or divorced	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND OF Am. 74 14	mudy	22. I HEREBY CERTIFY. That I ettended deceased from fam 1935, to Lan 26 1925
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	I last saw h alive on 2, 1925; death is said to have occurred on the date stated above, at 2 900 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular		were as follows: Date of priset Date of priset
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc		The state of the s
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town)	ind	Other Contributory Express of importance:
13. NAME John Hasti	and.	
13. NAME John Harts 14. BIRTHPLACE (city or town) 6 229	land	Name of operation Dete of Dete of Was there an autopsy?
15. MAIDEN NAME Que an P	2114	What test confirmed diagnosis?
15. MAIDEN NAME Jusan (1) 16. BIRTHPLACE (city or town) Brigg.	land	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Mrs. Kasl IT	erman	Where did Injury occur?
(Address) Altrianus 18. BURIAL, CREMATION, OR REMOVAL Place 1006 At	s maryland Date Jan 29, 1936.	Manner of injury
19. UNDERTAKER June Stern Stern (Address) Communications	d marsland	24. Was disease or injury in any way related to occupation of deceased? . No
20. FILED Jun 2 81935 Jan	Receipt . Deen Registrar.	(Signed) M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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STATE OF MARYLAND-CERTIFICATE OF DEATH

County	or City Cymbe	deand	No. 7 South WG		
2. FULL		1 1	esds. How long in U.S. if of fore	If nonresident give city or town	and State
PER	SONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEAT	Н
3. SEX Tema	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	an /3 (Day)	, 193 5 (Year)
5a. If marriad, HUSBANI (or) WIFI			1 /- /-	FRIIFY, That I atten	ded decaased from
6. DATE OF B	IRTH (month, day, and year)	cht 21-1909	I last saw halive on	1-13,19	35.; death is sai
7. AGE	Years Months 25 3	Days If LESS than 1 day,hr	to have occurred on the date stated about the PRINCIPAL CAUSE OF DEATH anyers is follows:		Date of onset
OI kir	profession, or particular nd of work dona, as SPINNER, WYER, BOOKKEEPER, etc	House	Mulmons		
SA SA 10. Date	ry or business in which irk was done, as SILK MILL, W MILL, BANK, etc deceased last worked at is occupation (month and	11. Total time (years)	Julisca	Dose	Syr
12, B1RTHPLA	CE (city or town) July	spent in this occupation	Other Contributory Canses of Importance	ce:	0
13. NAME	11. 11	roheval	H		
LL (S	PLACE (city or town)	flon wo-	What test confirmed diagnosis?	Ry Grannas thera	ofan autopsy?Tu
	PLACE (city or town).	slafford	23. If death was dua to external causes (Accident, suicide, or homicide?	0	
17. INFORMAN		Kercheval	Where did injury occur?() Specify whether injury occurred in INE	Specify city or town, county and DUSTRY, in HOME, or in PUBLIC	State) C PLACE.
(Addre 18. BURIAL, CI Place	REMATION, OR REMOVAL Maxtusburg W	Va Date Jan 15, 193	Manner of injury		
19. UNDERTAR		they	24. Was disease or injust in any way re	elated to occupation of deceased	no
20, FILEDA	1 1/21-19	Harney A Messar. Registrar.	(Signed)	white	ans

7. S. No. 1

N. B.

mation should be carefully supplied.

AGE should be stated EXACTLY. PHYSICIANS should state

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

LARGIN RESERVED FOR BINDING

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

-0	n	n	2	2	
0	U	U	U	D	

1. PLACE OF DE	Allegany	/11	HIN CORPO	RATE LIMITS Registration Dist. No.
, , , , , , , , , , , , , , , , , , , ,	Cumberla			No. 116 S. L1berty St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in	city or town where de	eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	Louis.	1. 11		
(a) Residence: No.	716×	(Usual place	erly of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL A				MEDICAL CERTIFICATE OF DEATH
Malr	White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Jan. 26.1935 (Month) (Day) (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of SUSE	vorced n.Kintz			22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, o	av and year) S	ept 13.	1856	I last saw being alive on 19 2 6 19 3 5 death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 1.30 Am
78	4	13	1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK 10. Date deceased last with soccupation (n	in which SILK MILL, , elcorked at	11. Total ti	Salesman	Selevos arlando
year) 12. BIRTHPLACE (city or town			upation	Other Coutributory Causes of importance:
(State or country)	1/			Serile detility.
	uis Kint	Z		
14. BIRTHPLACE (city or (State or country)		Md		Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	Margar	et. Yea		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or (Stata or country)			Md	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Mrs (Address)	Sue Kin	t z Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR Place Freder		Date_Jan.	_28.1 0 35	Manner of injury
19. UNDERTAKER (Address)	John.C CumberI	.Wolfor	'd	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 2 2 9	,1935	arney)	A. Orea	(Signad) M. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PED B 18:0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PL

V. S. No. 1

Exact statement of OCCUPA-

00034 STATE OF MARYLAND-CERTIFICATE OF DEATH

I. PLACE OF DEATH	157-e
County allegany	Registration Dist. No.
Village or City Thebelot	NDSt., Ward
	If death, occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	os. 4 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Francis Cillen	Kirk
(a) Residence: No. wilelfs - Ind	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIDTH (month day and wast) - 1935	Hast saw has alive on 1925; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 a. m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	We wit
9/Industry or business in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc	
- this occupation (month and	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) why ma	
(State or country)	-
14. BIRTHPLAGE (city or town) Bulin . M.	
14. BIRTHPLACE (city or town) Butin. m	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Catharine mekeyir	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Miles. http://www.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOHN SLOSU KINK (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL . Duclin Quelle & th	Manner of injury
Place Salvieu - Oate July 8 ,1935	Nature of injury
19. UNDERTAKER m. richow	24. Was disease or injury in any way related to occupation of deceased?
(Address) Longueg - Int	If so, specify
20. FILED Jam 7 1935 S. a. Bruche	(Signed) M. M. D. M. D.
Registrar.	(Address) Midland - md -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos._. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Oata ol onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of injury______ 19. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any-way related to occupation of deceased (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

20. FILEDANI

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PUREAU V. B.			
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AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(23)
County allegany	Registration Dist. No. 12
Village or City Odean maryland	NoSt Ward
(lf	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth? 25yrsmosds.
2. FULL NAME John Krokovich	
(a) Residence: No. Ocean. maryland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male white OR DIVPRCED (curric the word)	(Month) f (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of (ar) WHFS of Ella Krokovich	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h du alive on Sau, 9th 1935 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4m.
6855 under. I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade protection or postiguter	anthracosis y pulmonary Date of onset
kind of work done, as SPINNER. Coal humer	Interculous Jug1-34
Industry or business in which work was done, as SILK MILL, Coal huil	1.
kind of work done, as SPINNER, Coal numer kind of work done, as SPINNER, Coal numer long the state of the s	
12. BIRTHPLACE (city or town) Junevice - Aungary (State or country)	Other Contributory Causes of importance:
13. NAME Don't know	
13. NAME Dort know 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME alice Stance	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Janove Hungary	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
17. INFORMANT Inited Krofsovith (Address) Freedring - mid R. 7 D no T-	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAN Place Belvadere Centery Date Jaw. 12 1935	Manner of injury
19. UNDERTAKER D. S. Boal (Address) Longround: manufact.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED and 10, 19.35 R J Stages	(Signed) M. J. M. & Darmatt J.M. D. (Address Mudlaud - maylaud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ſ	

ADDITIONAL SPA	ACE FOR FURTHER STATE	EMENTS BY P	HYSICIAN -
For authorization	of date of buth a	in Jones	lotter fold
under Monor		U	and great
	, ~		

BINDING

FOR

RESERVED

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BURDAU V. S.			
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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

00038

1. PLACE	OF DEATH	WITHIN COF	PORATE LIMITS (3)	
County_	Cillegan	y.	Registration Dist. No.	4
Village o	r City Com	Island	No. 67 Dreene SI	t., Ward
Length of	residence in city or town where	e death occurred 15 yrs mps	death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs.	t and number)
2. FULL N		. 0 0		
	1-0	al yname agi	nsur	
(a) Kesic	dence: No. 679	(Usual place of abode)	St., Ward. If nonresident give city or tow	n and State
PERSO	DNAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX 7.	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH	1935
5a. If married, win	dowed, or divorced	0	(Month) (Day)	(Year)
(or) WIFE of	Late you	an Jamon	July 1 1933 19 to James	1
6. DATE OF BIRT	(H (month, dey, and year)	en 16, 1870	Vlast saw h land alive on 19.	35 ; death is said
7. AGE	Years Month's	Deys If LESS than	to have occurred on the date stated above, at 9 50 m.	
	64 91	20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, prokind of	ofession, or particuler of work done, as SPINNER, 'ER, BOOKKEEPER, etc	2471	Af -	Date of onset
SAWY	ER, BOOKKEEPER, etc	Es House	W. interstitude highrite	, marlan
SAW SAW	was done, as SILK MILL, MILL, BANK, etc.		o wremin	
10. Dete dece	eased lest worked et ccupetion (month and	II. Total time (years) spent in this occupation		
12. BIRTHPLACE	(city or town)	The	Other Contributory Causes of importance:	1.6 -36
(State or c			vecti hys cardles	
13. NAME	Thoma	2 Gannon	,	
13. NAME	ACE (city or town)	201	Name of operation Dete	of
(State	or country)	Trelayof		e an autopsy?
15. MAIDEN	NAME Come (rents treng	23. If death was due to external causes (VIOL ENCE) fill in also the foll	lowing:
	ACE (city or town)	The state of	Accident, suicide, or homicide? Date of injury	, 19
< (State	or country)		Where did injury occur? (Specify city or town, county an	10
17. INFORMANT (Address)	min Ctu	wa Jany	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	C PLACE.
18. BURIAL, CREM	TATION OF REMOVAL	211	Manner of injury	*************
- Shape/E	Hereford L	17. Onte	Neture of Injury	
19. UNDERTAKER	going 9	flestetue	24. Was diseese or injury in any way related to occupation of deceesed	12/00
(Address)	In theil	and, Ind.	If so, specify	
20, FUEDEN	8 , 1935 1	aruly Heres	(Signed)	M. D.
	_	Registrar.	(Address) A Mary M	200

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00039
1. PLACE OF DEATH	10
County allegness	Registration Dist. No.
Village or City nekaptown	No. Usuchesta Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospitator institution, give its (MAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Patry Pruth Loca	el
(a) Residence: No. Whitecheales Poor	St, Ward.
(Usual place of abode)	If nonresident g se city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrigh the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
0 000	Jan. 10 ,1935, to Jan. 11 ,1935
6. DATE OF BIRTH (month, day, and year) we 1932	Dast saw h.C. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6 P.m.
4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Triphtheria 1-9-35
work was done, as SILK MILL, SAW MILL, BANK, etc.	,
10: Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cumbulana	Other Countries of majoritance.
(State or country)	
13. NAME / Plason holase	
13. NAME Mason holase 14. BIRTHPLACE (city or town) Cresaptown	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Links took. Was there an au'opsy? ho
15. MAIDEN NAME Alberta Kelley 16. BIRTHPLACE (city or town). Lesshe	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town). Assume (State or country)	Accident, suicide, or homicide? Date of injury, 19
Cotate of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / CASON CALLAND MACHINE CALLAND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place belove Clinety Date Jan 12, 1938	Nature of Injury
19. UNDERTAKER G. S. Butter	24. Was disease or injury In any way related to occupation of deceased?/
(Address) Consuland mal	If so, specify
20 FILED 1 12 1935 MM/Mummeli	(Signed) Athur to James M. D.
Registrar.	(Address) to n. Literty St.

00039

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
AUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

00040

1. PLACE OF DEATH County Allegany	W	THIN CORP	ORATE LIMITS Registration Dist, No.
Village or City Cumber	and . Md		No. 402 BraddOck Way St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mary . V (a) Residence: No. #021	Leasur Guada (Usual place	ch Ma	St., St. Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI W100	RIED, WIDOWED,) (write the word) W	21. DATE OF DEATH Jan . 31 . 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Daniel.Ltg (or) WIFE of	asure		22. LIHEREBY SERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Au	g.9.185	9	I yest saw h alive on, 19; death is said
7. AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, at
75 6	22	ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	At Home		Cerebral hemorrhage Jan 31
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total ti span occu	me (years) It in this pation	
12. BIRTHPLACE (city or town)(State or country)		Md	Other Contributory Causes of importance:
≝ 13. NAME Geo.M. Hof	fman.		
13. NAME Geo.M.Hof	Md		Name of operation Date of Date of
	- 77		What test confirmed diagnosis? Was there an autopsy!
15. MAIDEN NAME Sarah . E	Md		23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)			Where did injury occur?
17. INFORMANT Howard. I (Address) Cumber	easure land. M	d	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Gro	ve _{ate} Feb	.3.1935	Manner of injury
19. UNDERTAKER John . C . Wol	ford rland.	Md	24. Was disease or Injury In any way related to occupation of deceased?
20. FICELO / 1.35 O.S.	erney TV	Meise Registrar.	(Signed) (Address) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SETREAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	\mathbf{BY}	PHYSICIAN
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of OCCUPA-

Exact statement

properly classified.

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mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	0	n	R	1	
0	V	V	3	1	

1. PLACE OF DEATH	WITHIN COR	PORATE LIMITS	(181)		
County Allegany	2		Registration	Dist. No.	<i></i>
Village or City Commercial	nd	No. Morphiel or ins	ral A	frote St.	2 - War
Length of residence in city or town where death occurred.	4.1		if of foreign birth?		
2. FULL NAME NOCH	15 40	vensteen			
(a) Residence: No. 2407 Junio (Usual pla	ace of abode)	Cst., 6 - Ward.	If nonresident	give city or town an	d State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. SEX) 4. COLOR OR RACE 5. SINGLE, MOR DEVOR	ARRIED, WIDOWED,	21. DATE OF DEATH	(Month)	28,	, 193
5a. If married, widowed, or divorced	Comment of the commen		(Month)	(Day)	(Year)
HUSBAND OF Sanch Blos	sn).	Mov, 25	1934, to	That I attended .28	deceased fro
6. DATE OF BIRTH (month, day, and year)	5 1874	t lest saw back alive on.	Jun.	27, 193.	; death is sa
7. AGE Years Months Days	If LESS than	to have occurred on the date si		?.a.m.	
60 2 2	ormin.	The PRINCIPAL CAUSE OF DI were as follows:	EATH and related caus	ses of Importance	Date of one
Rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Hypertouse	of Car		
	willow!	1 vas	arelar.	Disease	Je.
9. Industry or business in which work wes done, as SILK MILL,	P.	Chronic	Diffuse	wphi	4.
SAW MILL, BANK, etc	al time (vere)	Urae	ilio		
10. Dato deceased last worked at this occupation (month and year)	al time (years) spant (n/this occupation				
		Other Contributory Causes of I	mportance:		
12. BIRTHPLACE (city or town) (State or country)					
	-/-:)				
13. NAME dand and 14. BIRTHPLACE (city or town).	sum				
(State or country)	m.	Name of operation			0
	100	What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAME Super Hor	ishn.	23. If deeth was due to external	causes (VIOLENCE) f	ill in also the following	ng:
16. BIRTHPLACE (city or fown)	<i>j</i>	Accident, suicide, or homicide?		Date of Injury	, 19
(Stete or country)		Where did injury occur?	(Specify city of	r town, county and St	ate)
17. INFORMANT Killington B	Instem	Specify whether injury occurre	d in INDUSTRY, in H	OME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	. /	Manner of injury			
Place Illan alla If the	130,1935	Nature of injury			
19. UNDERTAKER Somio Stern	9ne	24. Was disease or injury in an	y way related to occur	pation of deceased?	200
(Address) combiglio		If so, specify	1/2:	Legar	e d
20. FILED (18 2 9 , 1935 Larrey	Registrar.	(Signed) (Address)	fuler	2,2	uQ.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUPPAU V. S.	7	100 Mar	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		488	
			1

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYDDITTOHTH	DI AVII	TOW	T. O MAY VITTIE	DATELLITAD	101	T TIT DIOISITA

V. S. No. 1

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1. PLACE

County Village

Length

2. FULL (a) Re PERS

5a. If married, HUSBAND (or) WIFE

6. DATE OF B

8. Trade,

1D. Date d

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

18. BURIAL, CREMATION OR REMOVAL

SAI

WOI SA

Industr

7. AGE

3. SEX

	13
STATE OF MARYLAND-	CERTIFICATE OF DEATH 00042
OF DEATH	(131)
Melegany	Registration Dist. No.
or City Ellershe	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
of residence In city or town where death occurred 7 yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
NAME Comma ZI Lower	y.
sidence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
6 White manual	(Month) (Day) (Year)
widowed of divorced	
of Lennin 10 Strategy	22. I HEREBY CERTIFY, That I attended deceased from
O I - We	Bel. 82, 1933, to Jan 2 20 , 19
RTH (month, day, and year) 5 1860	I last saw he alive on 1938; death is said
Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
75 11 28 1 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
profession, or particular of work done, as SPINNER.	Happortatie Congestion 12:30:33
WYER, BDDKKEEPER, etc.	
y or business in which k was done, as SILK MILL,	
W MILL, BANK, etc.	
eceased last worked at 11. Total time (years) spent in this	
r) occupation occupation	Dther Contributory Causes of Importance:
E (city or town) Budford Cv- 10	Chrone Myscaretti
r country)	chronia replietes
John Lovery.	

OCCUPATION this yea 12. BIRTHPLAC (State o FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation.... Date of. (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city of town Where did injury occur?____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Registrar.

Nature of injury

24. Was disease or injury in any way If so, specify

(Signed) (Address) _.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	FEE REMARK	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	LULPEAR .	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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1 day, hrs. or min. 8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYR, BOOKEPER, etc. 9. Industry or business in which work was done, as SSIK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME CALLARY 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. DATA 19. ACCIDENT 19. What test confirmed diagnosis? 19. What test confirmed diagnosis? 19. What test confirmed diagnosis? 10. Date of enset 11. Total time (years) spen tin this occupation 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURTHPLACE (city or town) 19. UNDERTAKER 19. Address) 19. UNDERTAKER 19. Address 19. UNDERTAKER 19. Sepecify 19	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village of City Clamball and City of town where death occurred the course of the policy of town where death occurred the policy of town and State of the policy of the policy of town and State of the policy of the policy of town and State of the policy of the policy of town and State of the policy of the policy of town and State of the policy of the policy of town and State of the policy of the polic	1. PLACE OF DEATH	PORATE LIMITS 107-0
Length of residence in eity or town where death occurred. VIS	County allegacy	Registration Dist. No.
(a) Residence: No. 2 5 1 (Ustal place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE DEPLYORCED Cyrine the word) 1. MARKET OF DEATH 1. SEX 4. COLOR OR RACE S. SINCIE, MARRED, WDOWED OR DYORCED Cyrine the word) 1. DATE OF BIRTH (month, day, and year) 1. DATE OF BIRTH (month, day, and year)	Village or City Umbell and	
(a) Residence: No. 6.2.5.7. (Cutal place of abode) PERSONAL AND STATISTICAL PARTICULARS I. SEX 4. COLOR OR RACE OR DIVORCED corrie the word) S. SINGLE MARKED, WIDOWED, OR DIVORCED corrie the word) (Fine place of abode) DATE OF BIRTH (month, day, and year) AGE Years Months Days II LESS than 1 day,	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 1. S. SINGLE, MARKED, WIDOWED, OR DIVORCED (grain the word) 21. DATE OF DEATH 22. LHER EBY CERTIFY, That I attended deceased from the state of the	2. FULL NAME Mary agnes M= 0	Vermoll
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 1. S. SINGLE, MARKED, WIDOWED, OR DIVORCED (grain the word) 21. DATE OF DEATH 22. LHER EBY CERTIFY, That I attended deceased from the state of the	(a) Residence: No. 625/71 / Center	St., 2 Ward.
21. DATE OF DEATH A. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR DIVORCED (grain the word) White of (Month) (Day) (Near) (Near)	(Usual place of abode)	
a. If married, widowad, or divorced widowad, or death is said to have occurred on the data stated above, at. D. Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were a-adilows: Date of middle on. Jake William and widowad, or death is said to have occurred widowad, and or death is said to have occurred widowad, and or death is said to have occurred widowad, and or death is said to have occurred widowad, and or death is said widow. Jake William and widowad, and or death is said widow. Jake William and widowad, and or death is said to have occurred widowad, and or death is said widow. Jake William and widowad, and or death is said widow. Jake William and widowad, and or death is said widow. Jake William and widowad, and or death is said widow. Jake William and widowad, and or death is said widow. Jake William and widowad, and or death is said widowad, and or death is said widow. Jake William and		
a. If married, widowed, or divorced HUSBAND of (Gr) WIFE		on 14 193 5
S. DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than 1 day,hrs ormin. S. Trade, profession, or particular SAWYER, BOOKKEPPR, etc. 9, Industry or business in which SAW MILL, BARK, atc. 11. Total time (years) 11. Total time (years) 11. Total time (years) 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME AMDEN NAME Mame of operation. What test confirmed diagnosis? Mame of operation. What test confirmed diagnosis? Mame of operation. What test confirmed diagnosis? What test confirmed	a. If married, widowad, or divorced	
AGE Years Months Days If LESS than I day,	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
AGE Years Months Days If LESS than 1 dayhrs. orhrs. orhr	DATE OF RIETH (month day and year) May 16, 1859	I last saw h A alive on
8. Trade, profession, or particular kind of work dome, as SPINNER, SANYER, BOKKEPPE, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BARK, atc. 10. Date decessed last worked at this occupation month and year) 11. Total time (years) spent in this occupation month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME ALL MARK MILL SAW MILL SA		to have occurred on the data stated abova, at 5
8. Trade, profession, or particular Kind of work done, as SPINNER, SAWYER, BOOKKEPER, otc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME COLUMN 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME TOWN 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIOH, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. Other Country 19. UNDERTAKER 10. Date of injury Nature of injury		l was as fallows
Other Contributory Causes of importance: Other Contributory Causes of i	8 Trade profession or particular	Date of onset
Description occupation of deceased? Description occupation occupation occupation occupation of deceased? Other Coutributery Causes of importance: Other Co	SAWYER, BOOKKEEPER, etc.	Mario Derosio
Description occupation of deceased? Description occupation occupation occupation occupation of deceased? Other Coutributery Causes of importance: Other Co	work was done, as SILK MILL, SAW MILL, BANK, atc.	
Other Coutributory Causes of importance: Other Coutributory Causes of i	- I this occupation (month and spoint in this	
(State or country) 13. NAME (ALUMN) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Many 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MANY 18. BURIAL, CREMATION, OR REMOVAL Place T Value Quality 19. UNDERTAKER G. A. SLUTTER 19. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)	C. I. I.	Other Coutributory Causes of importance:
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What test confirmed diagnosis? The was there are autopsy? Les 15. MAIDEN NAME Many 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT Will I think Many 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 9. Such 19. UNDERTAKER 9. Su	1 20.0 10	163
What test confirmed diagnosis? The sum was there are autopsy? Low town. 15. MAIDEN NAME Many Stady 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Min Jethine Many State (Address) 25 M Country 18. BURIAL, CREMATION, OR REMOVAL Place State Date Jan 16, 19 35 19. UNDERTAKER State	Salaria Comment	Name of assertion A D 1 4 0 Patrick
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)	(Stata or country)	60 614
(Specify city or town, county and State) 17. INFORMANT Nin Jethine Me Dennite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 125 Me Cuite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 125 Me Cuite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER 1. Suite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 19. Was disease or injury in any way related to occupation of deceased? 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 19. Was disease or injury in any way related to occupation of deceased? (Address) (Signed) (Signed) (Signed)	15. MAIDEN NAME Mary Grade	
(Specify city or town, county and State) 17. INFORMANT Nin Jethine Me Dennite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 125 Me Cuite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 125 Me Cuite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER 1. Suite Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 19. Was disease or injury in any way related to occupation of deceased? 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 19. Was disease or injury in any way related to occupation of deceased? (Address) (Signed) (Signed) (Signed)	16 DIDTUDIACE (aller as farms) Melaneld	
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 625 \(\) (Signed) 75 \(\)	(Stata or country)	
18. BURIAL, CREMATION OR REMOVAL Place Valuable Jan 16, 19 35 Nature of Injury Nature of Injury 19. UNDERTAKER G. Suitly (Address) (Address) (Address) (Signed) (Signed) (Signed)		(Specify city or town, county and State)
19. UNDERTAKER 5. Suttle 24. Was disease or injury in any way related to occupation of deceased? 20. FILED 20. FILED 20. FILED 20. FILED 20. Signed) (Signed) (Signed)	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
(Address) Combulged Md 20. FILED (Signed) (Signed) MD (Place Date Date 10, 1920	Nature of Injury
20. FILED CON 15, 1935 (Harvey Atthews (Signed) Mit Williams 100	19. UNDERTAKER 9. A. BUCCH. (Address)	
	() - n f H , welfer	han - will
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registrar.	

00042

STATE OF MARYLAND -CERTIFICATE OF DEATH

A ECENVED BUREAU V. S ...

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00044
1. PLACE OF DEATH	46-0)
County alleghery WITHIN CORPC	DRATE LIMITS Registration Dist. No.
Village or City Cushbulfan (If	No All Language Ward death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign bight?mosds.
2. FULL NAME John Ma June	1
(a) Residence: No. 905 md and	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	3/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
16 50	Llast sew hour elive on Saus, 30 195 deeth is said
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	I last sew h elive on; deeth is said to have occurred on the date steted above, et _ / 2004m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which work was done, as SILK MILL	January Juni-3.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	One Country Cause of Importance.
(State or country) manyland	- January
13. NAME 14. BIRTHPLACE (city or town) Suland	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Many naughton	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country) Newsch of disless 1929	Where did injury occur? (Specify city or town, county and State)
17. (Address) Searcher County 200	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR SEMOVAL Place I James Clar Date Flage 2 1933	Manner of injury
19. UNDERTAKER & S. Bully (Address)	Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? 200
20. FILED L. 1935 Danier Holling Registrar.	(Signed) M. D. (Address)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PEB 8 1913			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

RESERVED

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No.

state infor OCCUPA 1. PLACE OF DEATH plnoys of County Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? _____yrs.____mos.____ 2. FULL NAME WITHIN COMPONATE MITS GR (a) Residence: No. St., Warel. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. BY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. I last saw h : death is said 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular ATION kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... on 10. Date deceased lest worked et 11. Total time (years)
spent in this this occupation (month and vear) occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. Date of (State or country) What test confirmed diagnosis?_____ Was there en autopsy? MOTHER 15. MAIDEN NAME ant 23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) Date of injury_____ 19__ import (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE S mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED (Address)4 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Ward

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
#USPAU V, S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLA

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH		92:-	2)	

DODAC

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County allegones	92:00
	Registration Dist. No.
Village or City MINILY (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John & lorian Merts	
(a) Residence: Nolly 3 Walnut	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OF RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of 24 Th	22. I HEREBY CERTIFY, That I attended deceased from
marfulda Beremon	Dec ,193/, to 902 /3 193
6. OATE OF BIRTH (month, day, and year) Que 101871	I last saw h LM alive on Jon 13, 1930; death is sald
7. AGE Years Months Oays If LESS than I day,	to have occurred on the date stated above, at Signature.
6 2 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular Kind of work done, as SPINNER, Boy - Maker SAWYER, BOOKKEPER, etc.	myseordetes 42/1/31
9. Industry or business in which	mitral insufficiency
Nind of work dona, as SPINNER, BOY Maker SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Papel Mull SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (maint) and	myocardial farture. "S.A.
year)	Other Centribatory Causes of importance:
12. BIRTHPLACE (city or yown) Africa & mage	ariendor Filerelation 6/1/33
(State or country)	
13. NAME of Merta 14. BIRTHPLACE (city or town) always Bridge:	June
14. BIRTHPLACE (city or town) Alsony (Bally) (State or country)	Name of operation Data of
	What test confirmed diagnosis? Ex Own Was there an autopsy? He
I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dew Jork (State or country)	Accident, suicide, or homicide?
D + C 041 +	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It fleter Oate Jon 6, 19 5	Nature of injury
19. UNDERTAKER A STATE BUILT	24. Was disease or injury in any way related to occupation of deceased?
(Address) both M.	If so, specify
on FILED lave-15 1935 O Postuke ben	(Signed) Solvey M.D.

(Address) Tedmolar & corla If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 8 1655			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods County. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) 02 Every Length of residence in city or town where death accurred. statement How long in U.S sif of foreign birth?______mos.____ds. PHYSICIAN CORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) classified. (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of Jan Œ 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, et-I day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc., back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Dato deceased last worked et 11. Total time (years) this occupation (month and that spent in this instructions occupation ... 12. BIRTHPLACE (city or to (State or country) supplied FATHER 14. BIRTHPLACE (city or town Name of operation. (State or country) be carefully What test confirmed diagnosis?_ ----- Wes there an eutopsy?__ MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following: DEATH Accident, suicide, or homicide?______ Date of injury_______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___. (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. ((Address) OF 18. BURIAL, CREMATION, DR REMOVAL Menner of injury CAUSE MOIL Nature of injury 19. UNDERTAKER 24. Wes disease or injury in any way related to occupation of deceesed? (Address) If so, specify Registrar.

(Year)

Date of onset

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Example 1	1	Example 11	
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	-2]		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			111

Exact statement of OCCUPA.

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MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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V. S. No. 1	8	H
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00048		
1. PLACE OF DEATH	(182)		
County Allegary WITHIN CORPO	RATE LIMITS Registration Dist. No.		
Village or City Industrial No. 210 Frederick St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred yrs			
2. FULL NAME (Allys) Ameller			
(a) Residence: No. 210 fraction (Usual place of abode)	St, —— Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write-the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)		
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then I day,hrs. ormin,	I last saw h alive on, 19; death Is said to have occurred on the date stated ebove, at, 19; death Is said to PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Data of onset		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Other Centributery Causes of importance:		
12. BIRTHPLACE (city or town) Commtession and .	Other Candidatery Canes of Importance.		
14. BIRTHPLACE (city or town) Pleasant Vally p.			
14. BIRTHPLACE (city or town) Leasant Vally P	Name of operetion Dete of		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME) 16. BIRTHPLACE (city or town) James Town (State or country) 17. INFORMANT H Iniffer (Address) 210 fully 15.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION OR REMOVAL COM Date 7/1 1935	Manner of injury		
19. UNDERTAKER Imio Stein Jac - Part - Addiess) Ameling Part	24. Was disease or injury In any wey related to occupation of deceased?		
20 FILED 1935 Schulley Registrat. If more blooks are needed address Scrip Parising	(Signed) M. D. (Address) Surest of four Med)		

15 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. A.	il de la companya de		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	f in	d s	CO
	m	nou	00
	ite	S	of
	Every	CIANS	tement
	RD.	YSI	sta
	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should, be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	NT	LY	÷
	NE	CI	ifie
	MA	KA	lass
	PER	E	ly c
	A	ted	per
,	IS	sta	pro
	HIS	pe	be
	LT	pluc	may
į	NK	sho	it
	6	GE	that
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5	FA	lied	ms,
	3	ddn	ter
	LH	ly s	lain
	WI	eful	in p
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,	E	, be	EA
	PLA	pinc	FD
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	RII	tion	USI
	A	ma	CA

N. B.-WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00049
1. PLACE OF DRATH WITHIN COR	- CONT CONT CONT.
County Allegary.	Registration Dist. No.
Village or City Combaland.	No. Inervinal Hantel St. 6 - / Ward
Village of City (If	death occurred in a hospital or institution, give its NAM Instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harold Keneth on	llu
(a) Residence: No. Lange for 24	St. 6 - V Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (waite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
N Laut	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; deeth is sald to have occurred on the date stated above, a m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
//yrs. 7 , 16 ormin.	were as follows: Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	seuspld Street
9 Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributary Causes of importance:
12, BIRTHPLACE (city or town)	Officer Canadianary Canada of Importance.
(State or country)	
13. NAME of Sun miller	
13. NAME # Song Smiller 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Roberto S. Janlow.	23. If death was due to external causes (VIOLENCE) fill ip also the following:
15. MAIDEN NAME Roberto S. Jaylor. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide (Caralles Date of injury - 235, 193 5
∑ (State or country)	Where did injury occurrence heleland, 22d
17. INFORMANT It Dans miller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	Lublic street Lamalue Link ma
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Crysched Aprell whip coasting
Place It Illiant Land Date fam. 15., 1951	Nature of injury Seembled skall
19. UNDERTAKER demis stein Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address) brombegland.	If, so, specify
20 FILEAN & 6 13 & Harvey & Oreno	Strucy Sheeza, Jocal Lego.
Registrar.	(Address) Andrews Alpa

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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE	OF	MARYLA	ND-	-CERTIFICATI	OF	DEATH	00050
O I / I I L	OI.	MAKIE	IND	CLITTICATI	_ 01	DEAIL	0000

County	ALLEG			
14111		AN Y		Registration Dist. No.
Village or City_		7	the 40 mills	No. MEMORIAL HOSPITAL St., 6 / Ward death occurred in a horpital or institution, give its NAME instead of street and number)
				ds. How long in U.S. if of foreign birth?mosds
2. FULL NAME		L M. MOR		
(a) Residence:	No. RIDG	CUsual place o	f abode)	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. MALE	COLOR OR RACE WHITE	5. SINGLE, MARR OR DIVORCED DIVOR	(write tha word)	21. DATE OF DEATH January 12, 193 5
5a. If marriad, widowed, HUSBAND of	or divorced	4		(Month) (Day) (Year)
(or) WIFE of	w	known		22. I HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (mor	nth, day, and year)	February	1,000	I last saw h Luc alive on flow 12, 19 37; death Is sai
7. AGE Years 50	Months //	Oays 8	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at7.240 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession kind of work	n, or particular dona, as SPINNER, P OKKEEPER, etcP	A TOTOTO TI ANI	OTE	Date of onse
SAWYER, BO	OKKEEPER, etc.	APER HAN	GER	a francisco de la constantina della constantina
work was don	ne, as SILK MILL, ANK, etc			The fit round
kind of work SAWYER, BO Salindustry or busin work was dor SAW MILL, B TO Date deceased la this occupatio year)	on (month and	11. Total tim spent occup	ne (years) in this pation	Jelong & and
12. BIRTHPLACE (city or (State or country)	town) WEST	VIRGINIA		Other Contributory Causes of importance:
		. MORELA	ND	
13. NAME CHRI 14. BIRTHPLACE (city (State or cour		T VIRGIN	IA	Name of operation not any Date of What test confirmed disconneis Changed West and Date of
15. MAIDEN NAME	MARY ELL	EN GROSS		was thate an autopsy!
15. MAIDEN NAME 16. BIRTHPLACE (city (Stata or cour	y or town) MAR	YLAND		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Where did injury occur?
7. INFORMANT MF	EMORIAL HO	SPITAL AND MAR	VIAND	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION,	OR REMOVAL	Oate Jan.		Manner of injury Leiger Cought in Lyinhur & liefers
9. UNOERTAKER	John.C.W Cumberl	olford and Md		Natura of Injury Shart who whoulder arm Theat 24. Was disease or injury in any way related to occupation of decaased?
20 FILEDan 1	4,1935 1/	grussef X	Oleman Registrar	(Signed) 27 G. France M. E (Address) Chamberland M. S

W.A. GRACLE

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos._ (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (rupite the word) (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFA. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then to have occurred on the date stated above. 1 day, _____hrs. **DEATH** and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ 9 Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this year) _____ occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME FATHE 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Wes there en eutopsy MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town Accident, suicide, or homicide?_____ Date of injury_____ (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Nature of injury. 24. Was disease or injury in eny wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify. (Signed). 20. FILED_ Registrar. (Address)

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Example I	0.00	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00052
OCCUPA	1. PLACE OF DEATH	ORATE LIMITS
22	County Allegan	Registration Dist. No.
- /	Village or City Consultation of the Consultati	No. 116 Lains aust. 6- 2 War
of	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
ent	Length of residence In city or Garn where death occurredyrsmos	ds. How long in U.S. if of foreign births yrsds
statement	2. FULL NAME folial des Mull	au
sta	(a) Residence: No. / (Usual place of abode)	e St. 6 Ward.
ict	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	male white OR-DIVORCED (write the ward)	Janyou, Filmons
hei	5a. If married, widowed, or divorced HUSBAND of	(Montfl) (Day) (Year)
classified	(OF) WIFE OF France Giricle	22. I HEREBY CERTIFY That I ettended deceased from
	C DATE OF DIRTH (month of the control of the contro	19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
rly	6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date state above, at 27.5 m.
properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
	Z S Trade, profession, or particular	were as follows:
be	SAWYER, BOOKKEEPER, etc. Swelermaker	Cereletal Very wife
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
t it r	U 100 Date deceased last worked at 11 Total time (years)	
	this occupation (month end spent in this occupation occupation	
erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
s, s	(State or country)	arklia Octani
terms,	13. NAME tote mulla	
40 (1)	13. NAME 14 BIRTHPLACE (city or town)	Name of operation Date of
-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
EATH in p important.	15. MAIDEN NAME Pattery a Detrie	23. If death wes due to external causes (VIOLENCE) fill In also the following:
Orts	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
TA7	(State or country)	Where did injury occur? (Specify city or town, county and State)
D 5	17. INFORMATION TO LONG MINE LONG	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
OF DEATH very import	18. BURIAL, PREMATION, OF REMOVAL	
CAUSE TION is	Man & Saley Herel Compate Jan 15, 1930	Manner of InjuryNature of Injury
CAUS	21. 041.09	
C.	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
T)	20 octores 24 1025 - Alexander XIM	(Signed) MICEL M.D.
	Registrar.	(Address) Omelleda Just

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Example I

Example II

	11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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attress to the state of		A	
Other contributory causes of importance:	The same	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACILY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	Every it	NAIN	ment of
	KD.	HYSIC	state
	REC	Y. P.	Exaci
MAKGIN KESEKVED FOR BINDING	RMANENT	XACTL	classified.
FUK D	IS A PE	stated E	properly
E C	HIS	þe	pe
SERV.	NK-T	pluods	it may
N N N	ING I	AGE	that
ARGIL	NFAD	supplied.	terms, s
9	WITH	efully s	in plain
C	INLY,	be car	EATH
1	PLA PLA	pluods	OF D
	-WRITI	mation	CAUSE

B.—WRITE PLAINLY,

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 00053
County allegans WITHIN CORP	PORATE LIMITS Registration Dist. No.
600	No. 128 Polls War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Marting require det	
(a) Residence: No. 78 (Political Political Pol	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 76 ,1930 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1935 to curs. 76 1935
6. DATE OF BIRTH (month, day, and yeer) 6.1 31. 1852	I last saw h alive on Secry 76, 1937; deeth is si
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, atm.
82 na 32 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Housewift	were as rollows: Influenza Date of one 74
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/93
10. Date deceased last worked at this occupation (month and year)	Dther Contributory Causes of importance;
12. BIRTHPLACE (city or town) bunderland (Stete or country) have land	Around Next Deep 3 4
13. NAME Theodore Oak	arteris Celeman
14. BIRTHPLACE (city or town) & Audamad (State or country)	Name of operation
(otate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rehusal Jaster	23. If deeth wes due to external causes (VIDLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
17. INFORMANT Mrs. Herry g	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	None of the last
Place Late ttill Date 29 1935	Manner of injury
19. UNDERTAKER Fluis Stein Inc	24. Was disease or injury In eny way rejeted to occupation of deceased?
(Addiess) fin hiland md	If so, specify
20. FILED and 29, 1935 Harvey HOTELER. Registrar.	(Signed) (Address) Much fund, my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		JIESELO.

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		TROIN T	スセンド	LV ED	r Or	MARGIN RESERVED FOR BINDING	
-WRITE PLAINLY, WITH WAFADING INK-THIS IS A PERMANENT REC	WITH	NFADIN	G INK-	-THIS	IS A	PERMANENT RE	15
mation should be carefully supplied. AGE should be stated EXACTLY. I	efully sur	pplied. A	GE sho	uld be	stated	EXACTLY.	-

V. S. No. 1

	PLACE OF DEATH	1	0		
	County		Registration Dist. No		
	Village or City	(IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in city or town the eath occur		death occurred in a hospital of manifestor, give his variety instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds		
2	FULL NAME	is dt	illborn		
	(a) Residence: No.		St., Ward.		
	PERSONAL AND STATISTICAL P	al place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. S		E, MARRIED, WIDOWED,	21. DATE OF DEATH		
5a. If married, widowed, or divorced			// 193.5		
			(Month) (Day) (Year)		
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I attended deceased from		
6. D	PATE OF BIRTH (month, day, and year)	11-35-	I last saw h; death is sale		
7. A	GE Years Months D	ays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.		
	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8	8. Trade, profession, or particular kind of work dona, as SPINNER,		7.00/		
OCCUPATION	SAWYER, BOOKKEEPER, etc		a com		
5	work was dona, as SILK MILL, SAW MILL, BANK, etc				
ပ	this occupation (month and	. Total time (years) spent in this			
	year)	occupation	Other Contributory Causes of importance:		
12.	BIRTHPLACE (city or town) (State or country)	many / VI	9. P		
ER	13. NAME Centra	our	The state of the s		
FATHER	14. BIRTHPLACE (city or town)		Name of operation Date of		
(State of country)			What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME Seemen Port			23. If death was due to external causes (VIOL ENCE) fill in also the following:		
MOTHE	16. BIRTHPLACE (city or town)	lugar,	Accident, suicide, or homicide? Date of Injury, 19		
(State or country)			Where did injury occur? (Specify city or town, county and State)		
17.	(Address)	Unen	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury		
	Place Date Date	19-1/	Nature of Injury		
19.	UNDERTAKER Diothil of Caha	ce Volter	24. Was disease or injury in any way related to occupation of deceased?		
	(Address)	Wall	If so, specify		
	FILED /// 1980 C. T.	1 Wille	(Signed) M. I		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

00055

1. PLACE OF DEATH	- Wal
County Ollogany WITHIN CONTRACTION	Registration Dist. No.
Village or City & Goolburg	No. Muero Hospital St. Ward
Length of residence in city or town where death occurred 5 yrs. — mos	death occurred in a hospital or institution, (any its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Helda Catherine	Pryor
(a) Residence: No. Barrelsville	St., O Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 , 193 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Michael gento	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cura 13, 1904	I last saw h alive on fam 21 1925 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 40m.
36 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Louseworke SAWYER, BOOKKEPPER, etc.	Bills Menuma Date of onset
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this possession).	auton was
10 Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Cumberland (State or country)	Other Contributory Causes of importance:
	11 035
13. NAME Jacob Pryor 14. BIRTHPLACE (city or town) Janear	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Susan Bridenthall	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susan Bridenthall 16. BIRTHPLACE (city or town) Bodford (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Sacol Privor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Banglando Tun	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rose Hell Cumberland Jan 25, 1935	Nature of injury
19. UNDERTAKER Jacob Haler. (Address) / Frankling	24. Was disease or injury in any way related to occupation of deceased?
1/24 15 O. P. Valle.	If so, specify (Signed)
20. FILED 1957 CUNTY CEPCU. Registrar.	(Address) H/ Sun Way Lul
Augustus.	(1000)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 0 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00056		
	1. PLACE OF DEATH			
ould occ	County allegans	Registration Dist. No.		
F.E	Village or City Bollen PA.	No.		
-= P	Q / OH	death occurred in a hospital or institution, give its NAME instead of street and number)		
Every SIANS ement	Length of residence in city or town where death occurredmos	ds. How long in U.S. If of foreign birth?mosds.		
K—THIS IS A PERMANENT RECORD, hould be stated EXACTLY. PHYSIG may be properly classified. Exact stateback of certificate.	2. FULL NAME Frederick Wm. C	aubun		
	(a) Residence: No. & Burden Munes.	St., Ward.		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH		
	male white OR DIVORCED (wrighthe word)	Jan 4 1933		
	5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)		
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
	X 21 102	1934, to Jan 4 , 1933		
	6. DATE OF BIRTH (month, day, and year) Acc 3 1 13 0 7. AGE Years Months Days If LESS than	I last saw harm alive on ,1933; death is said		
	l day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
	8. Trade, profession, or particular	Were as follows:		
	o. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Stone ho		
		freundma Jaan		
	SAW MILL, BANK, etc.	<u>v</u>		
C + 10	Spent in this			
NFADING I	12 0 7.	Other Coutributory Causes of importance:		
DI I. so ucti	12. BIRTHPLACE (city or town) Double (State or country)	Croup: non-dipatheritic. Der 24		
FA lied ms, istr	I 13. NAME Frederich, Raules	not Diplotheria Canga		
ITH SNFA	T	Sed of		
H -= 70	14. BIRTHPLACE (city or town) Borde Umes (State or country)	Name of operation Date of Was there are outcome?		
it plant	15. MAIDEN NAME ans Elizabeth Salo	ras that all autopsyr. 2.2.		
LY, WITH be carefully EATH in plain important.	15. MAIDEN NAME and Elizabeth Laght 16. BIRTHPLACE (city or town) Fruithung	, 23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?		
	(State or country)	Where did injury occur?		
ArkLY, Id be car DEATH y import	17. INFORMANT Frederick Ranks	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
hould OF D	(Address) Burden Mines Ind.	Specify whether injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PLACE.		
E 00 - 00	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
RITE tion s USE N is	Placa Clegary Date an 193	Nature of injury		
WRITE mation s CAUSE TION is	19. UNDERTAKER Jacob Joseph	24. Was disease or injury In any way related to occupation of deceased?		
9	(Address) Frostburg md.	If so, specify		
z(T)	20. FILED /) 1955 G, K, Draugen	(Signed) M. D.		
	Registrar.	(Address) Prostrying ma		
	15 more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU V. g.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00057
1. PLACE OF DEATH County WITHIN COP	RPORATE LIMITS Registration Dist. No.
Village or City	\$10530 M 200-1
Length of residence in city or town where death occurred 5 grs, mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
The state of the s	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Claylou .	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M. M. married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of There were Nichall	1 HEREBY CERT FY, That I attended deceased from
E DATE OF BIRTH (mark)	1900, to Jan 5, 1900
6. DATE OF BIRTH (month, day, and year) 7 1834 7. AGE Years Months Days If LESS than	Vast saw h / 41 alive on , 193 ; death is sa to have occurred on the date stated above, at 2 / 27
50 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Delatation of the heart 1.5%
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased as worked at his coeurable former bank.	- Primary Course : Chronic myosparditis Pung-
10. Date deceased fast worked at this occupation (month and year) 11. Total time (years) spent In this occupation (corporation)	thou; not stated curson
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Marke endiges how I'd over
13. NAME Marker Pice 14. BIRTHPLACE (city or town)	- syersion -
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Classes Was there an autopsy? Management
15. MAIDEN NAME Day Necus	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
02.591 0:	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT TO Player Constitution (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Platestiller Children Date All S., 197 C	Nature of injury
19. UNDERTAKER TOLING Steller	24. Was disease or injury in any way related to occupation of deceased?
(Adpletimberland Trig	If so, specify
20. FILED 7 , 1935 Harvey News	(Signed) M. D. M.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
SUPEAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(1)	H. NFADING INK—THIS IS A PERMANENT RECORD. Every item of infory supplied. AGE should be stated EXACTLY. PHYSICIANS should state ain terms, so that it may be properly classified. Exact statement of OCCUPA. See instructions on back of certificate.
	D. Every SICIANS tatement
	RECOR! PHY
MARGIN RESERVED FOR BINDING	RMANENT X A C T L Y classified.
FOR BI	H. NFADING INK—THIS IS A PER y supplied. AGE should be stated E ain terms, so that it may be properly See instructions on back of certificate.
Q	HIS be be of o
ERVI	Should it may n back
N RES	AGE o that
ARGIN	NFAD pplied. erms, s instruc
N	y sul

STATE OF MARYLAND—CERTIFICATE OF DEATH

00058

1. PLACE OF DEATH	(108)
County allegany	Registration Dist. No.
Village or City Consolutation	Al.
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 5.0 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Zyartha	achards
(a) Residence: No. Condevilidation	St., Ward.
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Tognite the word)	21. DATE OF DEATH
Jemale While Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Thomas John Richard	22. HEREBY CERTIF That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 18 18 48	I last saw h LT alive on LOW Q 19 5.5 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
86 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, Houseworks SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Employed a soul
work was done, as SILK MILL, SAW MILL, BANK, etc	10-50
11. Total time (years)	
year) occupation	Out Contributory Canses of importance:
12. BIRTHPLACE (city or town) Oldtown	A AN CAMPANAMAN A
(State or country) Tud.	and the state of t
13. NAME Win Foley	Lobar 1
13. NAME Was Foley 14. BIRTHPLACE (city or town) 7 of Wasser	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marion Burton	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Warron Burton 16. BIRTHPLACE (city or town) Yot Known	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Mis James Richards	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Boubolidation rug	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ollegany Date Jan 15, 1935	Nature of injury
19, UNDERTAKER Jacob Haler	24. Was disease or injury in any vay related to compation of deceased?
(Address) / Frostly 4	If so, specify
20, FILED /15 1935 ALK, Halker	(Signed) Franklynd M. D.
Registrar.	(Address) Rd F

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	and the same of		
Other contributory causes of importance:	in entire	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

n DEC ON E	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
C IC A DEPMANENT	e stated EXACTL	e properly classified.	certificate.
WRITE PLATIN WITH NEADING INK THIS IS A DEPMANENT DE ON E	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	NAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TON is very important. See instructions on back of certificate.

STATE OF MA	ARYLAND—	CERTIFICATE OF DEATH	00059
1. PLACE OF DEATH	WITHIN COR	PORATE LIMITS (I-a)	,
County Mleganny		Registration Dist. No.	4
Village or City fram/testa	L	No. 15 Frederich , St	. 4 Ward
Length of residence in city or town where death occurre	ed 10 yrs mos	death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs	and number)
2. FULL NAME Frimmie	2+ R.7	to have	mosas.
(a) Residence: No. 15 Full	VV VIVE	#	
(Usua)	place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEAT	
	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH	
Imale houte. 11	sorred	(Month) (Day)	, 193 5 \(\text{Year}\)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY That I atter	
(or) WIFE of James With	2 1	Dec 26, 1934 to Dan	1935
6. DATE OF BIRTH (month, day, and year)	il-1876		death is seld
7. AGE Years Months Day		to have occurred on the date stated above, at 8 _ Pm.	
58 8 -	1 day, /hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Ave
8. Trade, profession, or particular kind of work done, as SPINNER,		Influenca	Date of onsat
SAWYER, BOOKKEEPER, etc.	sew art	0	1434
work was done, as SILK MILL, SAW MILL, BANK, etc.	Nome		
10. Date deceased last worked at this occupation (month end	otal time (years) spent in this		
yeer)	occupation Doge	Other Caralter Caralter State of Caralter State	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	he 20
(State or country)	m.na		1934
14. BIRTHPLACE (city or town)	ey		2.29
14. BIRTHPLACE (city or town)	4	Name of operation Date	of
(State of country)	-0	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Anony Lit	nicum	23. If death was due to external causes (VIOLENCE) fill in also the follo	_
O 16. BIRTHPLACE (city or town) (State or country)) a	Accident, suicide, or homicide? Date of injury	, 19
mas arken Pa		Where did injury occur? (Specify city or town, county and	State)
17. INFORMANT (Address)	u	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMITION, OR REMOVAL	ma	Manage of Jalum	•••••
Place Money 11/1 Date 1	1 4 1934	Manner of injury	
19. UNDERTAKER OF COMPANY	med		111
(Address) Louis fla	a elma	24. Was disease or injury in any way related to occupation of deceased?	
20. FILE Case 3 1934 Narue	Alla.	(Signed) of easy of Durance	M D
	Registrar.	(Address) Clessof Md	
If more blanks are need	ded, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH Dr Moler 1. PLACE OF DEATH (186-0) Allegany County Registration Dist. No. Cumberland. Md Allegany Hospital Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred__ vrs.____mos.___ds. How long in U.S. if of foreign birth?_____vrs.____mos. Cora. Robinette Miles East of Rout 3 Cumber Land Md (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Female White OR DEVORCED (write the word) Jan. 19.1935 (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of Perry Robinette HEREBY CERTIFY That I attended deceased from (or) WIFE of Mar 29.1862 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at, 21 I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME Lenard Hinkle 14. BIRTHPLACE (city or town) Name of operation__ (State or country) What test confirmed diagnosis Course Was there an autopsy? MOTHER Kathrine . McElfish 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Md Accident, suicide, or homicide 16, BIRTHPLACE (city or town). (State or country) Mrs.Richard Bell (Specify city or town, county and State) Specify whether injury occurred in INQUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Cumberland Md (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Mt Plesant pate Jan. 21.1935 Nature of injury John . C. Wolford 24. Was disease or injury in any way related to occupation 19. UNDERTAKER Cumberland ... Md (Address) If so, specify (Signed) 20, FILEDEN 21 1935 Danie

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.



WRITE.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF	F MAR	YLAND-	CERTIFICATE OF DEATH 00	061
1	. PLACE OF DEATH			199-€	,
	County Allegany		THUN CORP	ORATE LIMITS Registration Dist. No.	4
	Village or City Landenda	ml	/1	No. Allegary Hopital St.	4 Ward
	Length of residence in city or town where dea	th occurred	(I) mosyrsmos	death occurred in a hospital or institution, give its NAME instead of street and it. 4 ds. How long in U.S. If of foreign birth? yrs. mr.	number) osds.
1	. FULL NAME Sella	man	See		
	(a) Residence: No.	1		St. Ward bresalton, Ind	1
-	PEDSONAL AND STATISTIC	(Usual place		nonresident give city or town and	State
3. :	PERSONAL AND STATISTIC SEX 4. COLOR OR RACE 5		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
1	Female White		(write the word)	Yemary 27th.	, 193
5a.	If marriad, widowed, or divorced HUSBAND of (or) WIFE of	0		22. I HEREBY CERTIFY, That I attended	(Yaar)
-	fully	6 1	1902	Jan. 2318, 193,5, to Jan. 27/6.	1935
	DATE OF BIRTH (month, day, and year)			1 fax saw h 22 aiiva on 266, 1935	; death is said
7	AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 3: 10.2.m.	
	8. Trade, profession, or particular	21	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wara as follows:	Date of onset
NOI	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	••••••		Myster Vermondia	1-16-3
PAI	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Salfingitis and peritoritis dise to a stre,	
OCCI	10. Date deceased last worked at	11. Total tir	na (vaare)	- tocaccio infection, of undetermined origin.	
0	this occupation (month and yaar)	span	tin this pation	Custo	
12.	BIRTHPLACE (city or town) - Wardly	Co	~	Other Contributory Causes of importance:	1-73-2
-	(Stata or country)	1 11	Va	Piline eleneum	>
HER	13. NAME Cheques	Lee			
FAT	14. BIRTHPLACE (city or fown) You	dy C	0	Name of operation Beleville Jeffice thorpate of	-23-3
ER	(Stata or country)	1000		What tast confirmed diagnosis? Because Was there an a	
ОТНЕ	The state of the s	The !!	2	23. If death was due to external causes (VIOLENCE) fill in also tha following	
₩ W	(State or country)	respect	nd	Accident, suicide, or homicide? Data of injury Whera did Injury occur?	, 19
17.	INFORMANT Polest See	2		(Specify city or town, county and State Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLA	c) CF
	(Address) Cresapla	use	ma		
18.	Place Place Marion, OR REMOVAL	Sau	120	Manner of injury	
	Placa Partings Ind	Date /	7., 1955	Nature of injury	
19.	UNDERTAKER OFFICE ALL	leew	Luc	24. Was diseasa or injury in any way related to occupation of deceased?	
	1/120	rauch	100	(Signad) Jallan Theau	
20.	FILED DAY , 1933 Aller	merty.	Registrar.	(Address) 122 Beeken St.	M. D.
y	If more blan	nks are needed, ad		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

AAAAA

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

STATE	OF MARYLAND-	CERTIFICATE OF D	EATH 0006
1. PLACE OF DEATH		[3]	
County Much	WITHIN COF	RPORATE LIMITS Registra	ation Dist. No.
Village or City (belland	. No Welleghen Its	spelat St., 4 Wa
Length of residence in city or town whe		If death occurred in a hornital or institution, give its? Mount of the state of th	/
2. FULL NAME Samue	1 711	ngle decker	
(a) Residence: No. 106 7	. /	St., 2 Ward.	
(a) Residence: No.7_0_6_0	(Usual place of abode)		sident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	. 5 1935
50 Hamila wildows or the	Widowed	(Month)	(Oay) (Year)
margaret S	hugledisker	22. I HEREBY CERT	TIFY, That I attended deceased In
6. DATE OF BIRTH (month, day, and year)	abril 15 1854	I last saw have alive on Deen	19.22 deeth is s
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	A D
80 9	20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relete were as follows:	The state of the s
8. Trade, profession, or particular	700 ' 0	arecció	Trusy Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Minny	-	190
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Coal		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
E	To I among the second s	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	ising Person	76- 70-17	0.0
1 1. 11. 0	and die kind	Cracia Regis	770
E	+ Remail		
14. BIRTHPLACE (city or town) (State or country)	Perma	Name of operation	
# 15. MAIOEN NAME TOGGE	Jacker	23. If death was due to external causes (VIOLEN	
Ξ	1 × 1/2 1	Accident, suicide, or homicide?	
State or country)	Pena	Where did injury occur?	and but of injuly-acceptance, aver-
17. INFORMANT AME W (Address) 433 VA	Shugledicker		city or town, county and State) in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner ol injury	•
Place Orrse WV	Date 6 , 19.30	Nature of injury	
19. UNDERTAKER 3. S. Pare	ther	24. Was disease or injury in any way related to	occupation of deceased?
(Address) Carolin	land md	If so, specify	A. A.
(/ 10 000	d you.	(Signed) Mad.	1. North

	Kegistrar.	(Andress)
If more blanks are needed,	, address State Registrar, 2411	N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	son n	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLA

state

1. PLACE OF DEATH

CERTIFICATE OF DEATH

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing As related causes, name earlier morbid conditions, if any, related to the principal cause and any important comp of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Ex

n, g qqn patrick and g qqn and g qqq and g qqn and g qqq and g qqn and g qqq L'NFADING INK-THIS Example I Example II The principal cause of death and related causes The principal cause of death and related causes Dati Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5, 1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PL mation

plnods item of PHYSICIANS PERMANENT RECORD. Every BINDING C V × FOR

plnoys

AGE

supplied.

state infor-

(Year)

Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	atti dana	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	
County Allegany	Registration Dist. No. 4
Village or City Flintstone Mid	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) s
Length of residence in city or town where death occurredyrs,mo	syrsmusus.
2. FULL NAME I OUN TOWN SOWE	
(a) Residence: No. Thursday (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jenuala 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 CHEREDY CERTIES THE LINE CONTROL OF THE CONTROL
(or) WIFE of 28	22. I HEREBY CERTIFY, That I attended deceased from 1935 to Sau 24 1935
6. DATE OF BIRTH (month, day, and year) July 29 -1934	1 last saw har alive on Jane (1.7, 19.3 2; death is said
7. AGE Yeers Months Oeys If LESS than	to have occurred on the date stated above, at
2 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were as runows. Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- Clie
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occuration (month and specific properties)	Whoomy lough 15
SAW MILL, BANK, etc	(93
this occupation (month and spant in this occupation year)	
(r) . 10.0 d 100	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	au 10
The state of the s	1930
E Company	
(State or country)	Name of operetion Oate of What test confirmed diagnosis? Was there en au'opsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
and Armen	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Physics Fluidshow Full	- apostly amount injury occurred in the porter, in nome, or in routile reads.
18. BURIAL, CREMENTION, OR REMOVAL	Manner of Injury
Place Cabutle Courtegate / 27 , 1935	- Nature of Injury
10 HADERTONED ENGlisain Bruth	24. Was disease or injury In any way related to occupation of deceased?
19. UNOERTAKER OF COMMENTS (Address)	If so, specify
1/25 35 1/200 34	(Signed) A July M. D.
20. FILED / 20 , 19 30 / Device	(Address) Day Azalana land

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2010FA1 Vot			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 m

PHYSICIANS should state

of OCCUPA.

Exact statement

00066

1. PLACE OF DEATH RELY WITHIN COF	RPORATE LIMITS (5) Registration Diet No. 4
	Registration Dist. No.
Village or City (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Lellie Larene Sel	
(a) Residence: No. 615 Induck (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Therefore White Massier Massier Massier OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. H. MUSBAND of Sev M. Stell	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar 20 1884	I last saw h alive on
6. DATE OF BfRTH (month, day, and year)	to have occurred on the date stated above, at 1300 m.
50 10 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done as SIIK MIII	Carrando do in
	1 about
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 17. Total time (years) spent in this occupation.	framary in RT Black fun
12. BIRTHPLACE (city or town) Cumbuland (State or country)	Other Contributory Causes of importance:
1 0 0	
14. BIRTHPLACE (city or town) Bolives	Name of operation
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME CLAYLIC COFFEE 16. BIRTHPLACE (city or town) Charles Coffee	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MA MATCHEY (Address) 6 19 Lawn St City	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place / Doze Hill Cem Date Jan 17, 1935	Manner of Injury
19. UNDERTAKER G. A. Poutte	24. Was disease or injury In eny way releted to occupation of deceased?
(Address) Cambuland, MA.	If so, specify
20. FILEDAMI 6, 1935 Janey A Projector	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	
	22492,1000	CLEAN DOING WAS	1 year

	ADDITIONAL	SPACE F	OR F	TURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	(72)	
County all your	Registration Dist. No.	
	NoSt.,	
Length of residence in city or town where death occurredyrs	osds. How long In U.S. if of foreign birth?yrsmos.	ds
2. FULL NAME / Mil gradice	reguer	
(a) Residence: No. 3 (Usual place of abode)	USE THE Ward. If nonresident give city or town and St.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	aic
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (while the word)	21. DATE OF DEATH	ا ک
Temate White Single	(Month) (Day)	(Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTAFY, That I attended dec	ceased from
(6) 1112 01	1-15 ,1935,10 /- 15	., 19_3.5
DATE OF BIRTH (month, day, and year) and year)	I last saw he alwaster 6:30 co. m. 1, 1935;	death Is said
. AGE Years Months Days I I LESS than	to have occurred on the date stated above, at 2:3 0cm	
4 7/5 ray,nrs	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 1 1	1-15-3
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at bis occupation (month and	(acidental)	
10. Date deceased last worked at this occupation (month and year)		
2. BIRTHPLACE (city or town) afternore	Other Contributory Causes of importance:	
(State or country) my d.		**********
13. NAME 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME the herry 16. BIRTHPLACE (city or town) Westgraft.	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Westgerful.	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)	
(Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACI	E.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Plece of one some that are y of 192	Nature of injury	
19. UNDERTAKER S. S. S. S.	24. Was disease or injury in any wey related to occupation of deceased?	
(Address) Botton Md	If so, specify	
20, FILED Jan. 16 1935 J. M. Bonisher	(Signed) to grand the Agence	M. I
Registrar.	(Address Leadingon)	Va-

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIA.	P
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BINDING

FOR

MARGIN RESERVED

V. S. No. 1

15

	1PLACE OF DEATH	
	County Pilly any	43
		(82-01)
Vil	lage or City M. Para e (No.	***
	2 FULL NAME Glorge Thomas	Trins
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word)	16 DATE OF I
3 1	DATE OF BIRTH Austand of Helen Smutt	17 6 11
	aug. 11, 1852	U.C.
_	(Modth) (Day) (Year)	that I last sav
7 /	If LESS than I dayhrs.	and that deat The CAUSE O
	yrs. — mos. 20 ds. or min.?	The Chost of
3 (occupation a) Trade, profession or	as
P	articular kind of work + cruev	
	b) General nature of industry usiness, or establishment in	
	which employed or (employer)	Contributo
9 1	(State or country) Int Havoral Mil	Secondar
	10 NAME OF SALES Juill	(Signed)
NTS	11 BIRTHPLACE OF FATHER (State or country) ECK LOX 9n d	*State Violent Ca
PARE	OF MOTHER Marish Evaus	Accidental,
	13 BIRTHPLACE OF MOTHER (State or Country) Out Out Out Out Out Out Out Out Out Ou	At place of deathyr
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disc if not at place
	Caste E Tumble	Former or usual residence.
	(Informant)	19 PLACE OF
	(Address) Will avoid IVI	1 9 MX 7

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFIC	ATE OF DEATH	
16 DATE OF DEATH COUR	/ex	19:35
(Month	n)(Day)	(Year)
17 O I HEREBY CERTIFY, The	Jan 19	1903
that I last saw h AMAplive on	Il dy	19239,
and that death occurred on the date	stated above, at	-30 Am
The CAUSE OF DEATH * was as foll		
Codema 81	Train.	
antina. Ch	Innois	1
	4	• • • • • • • • • • • • • • • • • • •
Service .		
(Duration)	mosds.
Contributory	(/	•••••••••••
1 Duratio	n)yıs	mosds
(Signed) N-D 6 121	Illes	MyD.
1913 (Address)	ux Javas	e sul
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.		sths from 2) Whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institu	tions, Trans
ients or Recent Residents)		
At place of death yrs	In the Stateyrs	mosds
Where was disease contracted, if not at place of dea.h?	******************************	,,
Former or		

DATE OF

20 UND

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., report specifically the occupations of persons en-For many occupations a single word or term on Furm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> aeeident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injumy State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Committee on Nomenclature of the Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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)	-WRITE PLANTY, WITH ENFADING INK THIS IS A PERMANENT RECEGLD. Every item of in	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH gani County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.___ 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (purite the word) (Month) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of 22. I HER EBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 35 7. AGE Years Months Days If LESS than to have occurred on the date stated above, et___ 6_ I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were es follows: Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) this occupetion (month and spent in this occupation ___ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_ (State or country) What test confirmed diegnosis?_____ Was there an autopsy?__ 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following: MOTHE 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?______ Date of injury______, 19. (State or country) Whera did injury occur?___ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION_OR REMOVAL Manner of injury Place. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) __/_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

Example II

23.00.00			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
5.1.			
Other contributory causes of importance:		Other contributory causes of importance:	Special F
Gallstones ·	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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infor- state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH 00070		
should of OCC	Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
~ W ~	Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Oban Love d			
5 2	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
E P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NT REC LY. PH L Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)		
RMANENT X A C T L) classified.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from		
	6. DATE OF BIRTH (month, day, and year) Law 2/ 193 5	I last sew h alive on 1 19 death is said		
Pl d l srly cat	7. AGE Years Months Days II LESS then	to heve occurred on the date steted above, at		
HIS IS A PE be stated E be properly of certificate.		The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:		
	8. Trade profession or particular	Date of onset		
	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Tound dead and		
ould may back	9. Industry or business in which work was done, as SILK MILL.	1 1		
	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	abandoned or swording		
H (1) 40	this occupation (month and spant in this year)			
NG I AGE that ons o) voi pui vii	Other Contributory Causes of importance:		
So So Icti	12. BIRTHPLACE (city or town) (State or country)			
NFADING oplied. AGI erms, so tha instructions				
in in	Ξ			
H sul	14. BIRTHPLACE (city or town)(State or country)	Name of operation		
日日高		What test confirmed diagnosis?		
. 10		23. If death wes due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?		
ca TTH DOLL	16. BIRTHPLACE (city or town)(Stete or country)			
should be careful OF DEATH in preservery important.	17. INFORMANT(Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
hou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
	Place 7 voitting Date / 22 1935	Nature of injury		
-WRITE mation s CAUSE TION is	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?		
B.	(Address) I willing his	If so, specify talky for comme		
ż	20. FILED 1935 AIR Registrar.	(Signed) M. D. (Address) Trothing Ind		
		2411 N. Charles Street, Baltimore, Requesting Q. S. No. 1.		

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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THE PROPERTY OF POST PROPERTY OF PROPERTY	N. BWRITE PLAIMLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
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See instructions on back of certificate.

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STATE	OF	MARYL	AND-	-CERTIF	FICATE	OF	DEATH
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1. PLACE	OF DEATH	WIT	LIN CORRE	<u> </u>
County	Allegany	×*11	LIN CORPO	RATE LIMITS Registration Dist. No.
Village D	city Cumberlar	ıd	(di	No. Memorial Hospital St.6-/ Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of	residence In city or town where	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL N	IAME	a M	rgner	St., Ward Coken Ind
		(Usual place		If nonresident give city or town and State
PERSO	DNAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MAR OR DIVORCE MARRIE	RRIED, WIDOWED, D (write the word) D	21. DATE OF DEATH January 6 (Pear) (Year)
5a. If married, wid HUSBAND o (or) WIFE of		NER		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRT	'H (month, day, and year)	mkn.	1905	/last saw h 4 alive on 7 622 5 19 35 death is said
	Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5 a 22 mAM The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade nr	ofession, or particular of work done, as SPINNER, ER, BDOKKEEPER, etc	Hongowi	ormin.	were as follows: Date of onset
9. Industry	ER, BDOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc	Housewi	1.6	Thoch of Money
(1113 0	MILL, BANK, etceased last worked at	11. Total t	ime (years) ntin this upation	ofralia, for
12. BIRTHPLACE (State or o		nd		Other Contributory Causes of importance: Intra line of be bush wee 3/
13. NAME	Ernest Bitti			direction of Machel 1934
(State	ACE (city or town) or country) Maryla	and		Name of operation supported diverbase of family what test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN	NAME Nellie	Pritts		23. If death was due to external causes (VIDLENCE) fill in also the following:
	or country) Maryla	and		Accident, suicide, or homicide?
17. INFDRMANT(Address)	Memorial I	Hospital		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	nation, DR REMOVAL	00	8,193.5	Manner of injury
19. UNDERTAKER (Address)	M. G.	That	md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CAM	7,1935 (1)	ardey Tr.	Registrar.	(Signed) J. M. D. (Address) Combres M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 yeor

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAI

V. S. No. 1

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH County Queen	WITHIN CO	PRPORATE LIMITS (3) Registration Dist. No.	4
	Village or City		death occurred in a hospital or institution, give its NAME instead of street a	
2	FULL NAME	Ta E- Was j	ds. How long in U.S. If of foreign birth?yrs	mosds.
	(a) Residence: No. 337	n. Michael	St., 2 Ward. If nonresident give city or town	and State
-	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3, 8	7. 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan. 4. (Month) (Day)	, 193 5 (Year)
5a.	If married, widowed, or divorced HUSBAND TO (CO WILE of	l.D. Wayn	22. I HEREBY CERTIFY. That I atten	,
-	DATE OF BIRTH (month, day, and year) AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	death is said
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Homewife.	were as follows:	Date of onset
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Own home	Chromi Endoundi.	Jes
0	this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance;	
12.	BIRTHPLACE (city or town)	A	Change nephrots	7
HER	13. NAME olin n.	iegand		
FAT	14. BIRTHPLACE (city or town)(State or country)	emany	Name of operation	
HER	15. MAIDEN NAME arbara	Sidell	23. If death was due to external causes (VIOL ENCE) fill in also the folio	wing:
MOT	16. BIRTHPLACE (city or town)(State or country)	remany	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT CLASSICS (Address)	May 2	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18.	BURIAL CREMATION, OR REMOVAL Place The Thille	2_Date	Manner of injury	
19.	UNDERTAKER (Address)	and md.	24. Was disease or injury in any way related to occupation of deceased: If so, specify	
20.	FILED 5 , 193 5	Registrar.	(Address) Lecus Landaurd, June).

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y. A.	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1.	PLACE O	SIAIE (Control of the contro	CERTIFICATE OF DEATH	,
	County_	111	WITHIN CORPOR	RATE LIMITS 4	
		City Cron Ser		No. 334 Dandens	144
				death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of res	idence in city or town where	death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds
2.	FULL NA		in D. Meis	J	
	(a) Resider	ice: No. 334	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX	role	4. COLOR OR BACE	5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (agrice the word)	21. DATE OF DEATH 27 193	5
5a. If	married, widov	ved, os divorced	2 minus	(Month) (Oay) (Ye	ear)
((or) WIFE of	Georgia	ia.	22. I HEREDY GERTHEY That I attended decease	3
		(month, day, and year)	mme 24 1876	last saw h alive on 3 Heath	is said
7. AGE	E Yea	ys Months	Oays If LESS than I day,	to have occurred on the date stated above, atm.	
	08	<i>b</i>	J ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
ON	kind of	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	whenter	A leter mollities to	10
PAT	9. Industry or	business in which s done, as SILK MILL, LL, BANK, etc	2 . 12 0	Janous , a care you	19
3 1		ed last worked at	NO The	Complicated by the fete come	
5	this occu	pation (month and	11. Total time (years) spant in this occupation	a couple day o tefor out	
		01	oc.upation	Other Contributary Causes of importance:	
12. BII	RTHPLACE (ci (State or cou				
H 13	3. NAME	Vm W	110		
- 1	4. BIRTHPLACE	(city or town)	10.10	Name of operation	
	(State or	country)	r.la.	What test confirmed the prosecution was there an autopsy?	Ke
I -	5. MAIOEN NA	ME Ann	Stalaper	23. If death was due to external causes (VIOLENCE) fill in also the following:	140
- 1		(city or town)	A-9/	Accident, suicide, or homicide? Date of injury, 19	
	(State of	country)		Where did injury occur? (Specify city or town, county and State)	
17. INF	FORMANT (Address)	unt //	lo.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BU		TON, OR REMOVAL	N PO VOICE	Manner of injury	
	Place 1.2	Cloush Cer	20ste 1/30 ,1935	Nature of injury	
19. UN	OERTAKER _	Tomic S	tem Sora!	24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	Immore	y d	If so, specify	
20. FJL	fan	29,1935	January & Men	(Signed 1 / Meranters	M. D.
//	-		Registrar. e blanks are needed, address State Registrar,	(Address) - we her land Mid	5

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIFICAT	TE OF	DEATH	00074
	0.	1414 41 4 1	TITE	OLIVIII IOM		DEATH	00001

1. PLACE OF DEATH	75 LIMITO (59)
County alleques	Registration Dist. No.
Village or City Law (III	No. 19 St. Ward death occurred in schoepital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME facob D. IVhe	tel
(a) Residence: No. // 179 Relocation (Usual place of abode)	St. 6-3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of accuse toky	1 HEREBY SERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mary 8 1899	Mast saw h Marive on 19 19 1; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 109 m.
56 4 9 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Machines Kulfer SAWYER, BOOKKEEPER, etc Industry or business in which	Medelles
work was done, as SILK MILL, SAW MILL, BANK, etc.	melelin
Note that the second of the se	
12. BIRTHPLACE (city or town) Moorelied	Other Coutributory Causes of Importance:
(State or country)	R.
13. NAME Curkum	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 4 16. BIRTHPLACE (city or town) 4 (State or constant)	Accident, suicide, or homicide?
State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Canada Para Para Para Para Para Para Para P	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Itellered Ceres Date Face 71, 19 35	Nature of Injury
19. UNDERTAKER Louis Steen due	24. Was disease or injury In any way related to occupation of deceased? W
(Addiess) Cambarland and	If so, specify
20. FILEDAM 21, 1935 Sanue 8000	(Signed) M. D.
Registrar.	(Address) J. 33

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Director of the			
II.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	I. PLACE OF	DEATH				(122-E)			
	County	Allegan	y W	THIN CORP	ORATE	LIMITS	_ Registration Di	ist. No.	4
	Village or Ci	ty Cumberl	and Md.	(1	No	Memoria]	l Hospit	al st.	Ward ward
	Length of resid				s2ds.	How long in U.S. If of	foreign birth?	yrs.	_mosds.
	2. FULL NAM			hiteman,					
		e: No. Junc			St.,	Ward.	If nonresident give	ve city or town a	and State
_		AL AND STATIS	TICAL PART	ICULARS		MEDICAL CE	RTIFICATE	OF DEATH	
3.	sex Female	White	OR DIVORCE	RRIED, WIDOWED, ED (write the word) LTIO	21. DAT	'E OF DEATH Janı	lary (Month)	24.	193 35
5e.	If married, widowe HUSBAND of (or) WIFE of		D. White	man	22.	I HEREBY	CERTIFY.	Thet I attende	
6.	DATE OF BIRTH (n	nonth, day, and year)	May 22.	1860.	Vtast saw I	alive on	and of	21	A .; death is said
_	AGE Years		Days 2	If LESS than I day,hrs. ormin.		curred on the date stated		Q.mA.M.	y-, death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spent in this				06	Time	tion		Date of one et	
12.	BIRTHPLACE (city (State or count	or town)		upation	Othar Cont	tributery Causes of imports	ance;		P
ER	I3. NAME	Henry Whi		•		<u> </u>			
FATHER	14. BIRTHPLACE ((city or town)	Vest Virg	ginia,	Neme of or	peration Pulla confirmed diagnosis?	redva	ue Date of	7
ER	15. MAIDEN NAM	E Harrie	tt White	,	2	was due to extarnat cause			
15. MAIDEN NAME Harriett White, 16. BIRTHPLACE (city or town) (State or country) West Virginia					Accident, s	uicide, or homicide?	Dat	te of Injury	, 19
17. INFORMANT Memorial Hospital (Addgess) Cumberland Md.			Specify who	ether injury occurred in i	(Specify city or tov NDUSTRY, in HOME	wn, county and Si , or in PUBLIC F	late) PLACE.		
18. BUBIAL, CREMATION, OR REMOVAL Place Amely M. Ly Date Jun 27, 1935				Mannar of i			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
19. UNDERTAKER Mu. B. Sarger Day (Address)				24. Wes dise	asa or injury in any wey	ralated to occupatio	n of daceasad?		
20.	20. FILEDAN 34, 1935 Darning HIVETER				(Signe	d) Off	taut	Kus	M. D.
11							-		

-WRITE PL

Hawkins

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	il	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial ne	phritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

be properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

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PARGIN KESEKVED FO	K-T	mation should be carefully supplied. AGE should be sta
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Z	DIN	A
KGI	NFA	plied
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	WIT	efully
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	PLA	Plno
	TE	n sh
4	-WR	natio
V. S. No. 1	B.	-
	ż	1

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(15-20)
County allegand.	Registration Dist. No.
Village or City Acked	No. 3 5/ Minister are St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) 1. J. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME () & Comp. & line	als William
(a) Residence: No. Westernant, md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 , 193
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) / Pear x 3 1928	I Jast saw h. alive on 23 1934: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated/above, at
6 / l day,hrs.	ware as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. tursless	Depter Du / hoot 1-2/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
1 x 1 - 1 +	Other Contributory Canses of importance:
12. BIRTHPLACE (city or wown) (State or country)	Travelo Malerana 1-33-
I 13. NAME Termit Wilkers	
14. BIRTHPLACE (city or town) A gray	Name of operation Name Date of
(State or country)	What test confirmed diagnosis? Example Was there an autopsy? (1)
15. MAIDEN NAME Walna Harvey 16. BIRTHPLACE (city or town) Janes	23. If death was dua to axternal causes (VIOL ENCE) fill in elso tha following:
[16. BIRTHPLACE (city or town) / Janes	Accident, suicide, or homicide? Data of injury, 19
E (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hand Walkins (Addrass) Wirkershif Md.	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piace Autor Cenelly Date Con 17, 1935	Nature of injury
19. UNDERTAKER 3.5. 130 all	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Botton Md.	If so, specify
20. FILED Jan 36 1935 af dropen all	(Signed) M. D.
Registrar.	(Address) A.A.) A.A.

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Other contributory causes of importance:	20017	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

INDING	RMANENT	XACTLY
FOK B	IS A PF	stated F
MARGIN RESERVED FOR BINDING	-WRITE PLACITY, WITH CNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY
ARGIN	TH CNFADIN	ly supplied.
6	AKKY, WI	ld be careful
7,	-WRITE PI	mation shou

N. B.-WRITE PLA

V. S. No. 1

1. PI	S LACE OF DEA		F MARY	LANDISI	CERTIFICATE OF DEATH	011
0	County	Allegany Oldtown	***************	Gity L	Registration Dist. No.	Ward
2. F	ength of residence in cult. NAMEa) Residence: No			(II	If death occurred in a hospital or institution, give its NAME instead of street and nuiseds. How long In U.S. if of foreign birth?yrsmos.	mber) ds
-	PERSONAL AN	D STATISTI	(Usual place o		If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	ate
3. SEX	4. COLO	or or race	5. SINGLE, MARR		21. DATE OF DEATH Jan. Jan. 24.19 (Month) (Day)	35 193 (Year)
5a. If ma HU: (or)	prried, widowed, or div SBAND of WIFE of	ella. Wi	.lson.		22. I HEREBY CERTIFM. That I attended de	
6. DATE	OF BIRTH (month, da	y, and year) N	lov.4.18	91.	I last saw h was alive on Jan 18 1955.	death is sai
7. AGE	Years 43	Months 2	Days 21.	If LESS than 1 day,hrs. ormin.	THE EXTREME CAOSE OF DEATH SHIP TELEGICA CAUSES OF IMPORTANCE	
	SAWTER, BUURNE	olon, or particular ork done, as SPINNER, Farmer BOOKKEEPER, etc.			Pulnorary Tuberculosis	931
5	Industry or business i work was done, as SAW MILL, BANK, Date deceased last wo this occupetion (mo year)	SILK MILL, etc rked at		ne (years) t in this sation		
IF.	HPLACE (city or town) State or country))	M		Other Contributory Causes of importance: Chronic Myocardus	7
当 13.	NAME O	liver Wi			4	>
L.	SIRTHPLACE (city or to (Stete or country)		Md		Name of operation Date of What test confirmed diagnosis? Why A was there an aut	opsy? /
프	MAIDEN NAME BIRTHPLACE (city or to (State or country)	Emma • I	Md		23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
H .	Mrs Stella. Wilson. 17. INFORMANT Oldtown. Md Rout 2				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
	AL, CREMATION, OR I	ng Gap N			Manner of injury	/
	ERTAKERAddress)	John Cu	C.Wolfo umberlan	rd d. Md	24. Was disease or injury in any way related to occupation of deceased?	Na
20, FILED	Jan 26.		arney To	Maire Registrar.	(Signed) WR Holgeston (Address) Cumbertan , 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	Wa.

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OCCUPA-

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item

1. PLACE OF DEAT

County

Registration Dist. No in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Year) 22. CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2 I day, ____ hrs. and related causes of importance or min. Date of onset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this 53 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation (Stata or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAMEZ 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER . O (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
STATISTICS AND STATISTICS OF THE STATISTICS OF T				

PHYSICIANS should state

stated EXACTLY.

AGE should be

Exact statement of OCCUPA.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH 00079

1. PLACE OF DEATH	WITTER	DECORATE LIBALTS (H9-2)
County Allegan	4	Registration Dist. No.
Village or City Cupules	Dand, Md	No. allegany Hospitals. 4 Ward
	7700 41	death occurred in a hospital of institution, twe its NAME instead of street and number)
Length of residence in city or town where death	occurred yis mos	ds. How long in U.S. if of foreign birth?rsmosds.
2. FULL NAME Onward	1 M. Stinete	renner 2
(a) Residence: No.	(Usual place of abode)	St., Ward. M. Machille Max. If nonresident give city of town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed or divorced	narren	(Month) (Day) (Year)
HUSBAND of (or) WIFE of melesson	Vinebrenner	22. JHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year	23.1915	Hast saw her alive on Jan. 6 19.35; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at
19 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trade, profession, or particular	. /	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dale deceased lest worked at this occupation (month and	menuele	Surgical Though following 1-6-35
9. Industry or business in which		instrument deliver
work was done, as SILK MILL, SAW MILL, BANK, etc.	1	Facquain am 34
	11. Total time (years) spent in this)
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	lavage 1	
(State or country)	m	-
13. NAME Anthony 14. BIRTHPLACE (city or town)	Heanyhan	6
14. BIRTHPLACE (city or town)	expect	Name of operation Command August of 1 - 6-35
(State of country)	Henna	What test confirmed diagnosis? Level Law Was there an autopsy? Lo
15. MAIDEN NAME & deth	Will	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Sanage,	Accident, suicide, or homicide? Date of injury, 19
(State or country)	ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Seath of Management (Address)	amphan)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10)	Manner of injury
Place Mingrage Mos	ate Jan 9, ros 5	- Neture of injury
19. UNDERTAKER RUSS		24. Was disease or injury in any way related to occupation of deceased? \(\text{lag}\)
(Add)ess) That	there mal	If so, specify
2 3500	JAM.	(Signed) Inthus + Jones In. D. M. D.
20. Elleblesel 1, 19 Make	Registrar.	(Address) 40 M. Blerty 30.
If more blank		2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	The second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			PERMODELL.

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

state JPA-			LAND-	CERTIFICATE OF DEATH 00	080
· =	1	I. PLACE OF DEATH	WITHIN CC	PHPOHATE LIMITS (8)	
ould		County Alegany	7 7 7	Registration Dist. No.	4
should of OCC		Village or City Cambellan	d) Ind	No. Allegany Hospital St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward ward
NS ut		Length of residence in city or town whara death occurred	yrs mos.	ds How long in U.S. if of foreign birth?yrsmo	sds.
)IA	1	2. FULL NAME Attillustra) Ite	nebrennet	0
PHYSICIANS ct statement		(a) Residence: No. (Usual place of	abode)	St., Ward. M. January St., If nonresident give city or town and	State
. PH Exact		PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Exa	3.	The state of	(write the word)	21. DATE OF DEATH	193.5
T L ed.	5a.	If married, widowed, or divorcad	20	(Month) (Ōay)	(Year)
X A C T classified		HUSBANO of (or) WIFE of	/	22. I HEREBY CERTIFY, That I attended	deceased from
X Z		still born In	1935	1-1971, to	, 19
		DATE OF BIRTH (month, day, and year) AGE Years Months Days		CV02	; death is said
stated E properly certificate	7.	AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
sta pro	_	8. Trade, profession, or particular	ormin.	were as follows:	Oate of onset
be of	ON	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		9.4. 45. 10 0 8	1-1.35
	OCCUPATION	9. Industry or business in which		surra uprove a provision	6-30
should it may n back	3	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
	00		in this		
AGE so that	-	year) occup	ation	Other Contributory Causes of Importance:	
pplied. AGI	12.	. BIRTHPLACE (city or town)	rde)		
ied. ns, stru	(State or country) naryland				
supplied n terms, ee instri	H	13. NAME (memont thelea	ner	A	
·= 00	13. NAME One port Hirebreases 14. BIRTHPLACE (city or town) - Cumberland, Mr. (State or country)			Nama of operation for the State of the What test confirmed diagnosis Devices Was there an a	utopsy? ha
refully in pla tant.	HER.	15. MAIOEN NAME Vivian M. Mea	nykam	23. If death was dua to external causas (VIOL ENCE) fill in also the following	
ld be carefu DEATH in 1 y important.	MOTHER	16. BIRTHPLACE (city or town) - Mt Savage (State or country)	ma	Accident, suicide, or homicide? Data of Injury	, 19
		20) (h-: 1		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
	17.	(Address)	mer	Specify whether injuly occurred in Proposition, in Home, of in Poblic Fly	ICE.
sho E OI	18.	BURIAL, CREMATION, OR REMOVAL	1	Manner of injury	
S.E.		Place III. Sanage Date Paul	9 ,1935	Nature of injury	
mation shou CAUSE OF TION is ver	19.	UNDERTAKER & Llusst	2	24. Was disease or injury in any way related to occupation of deceased?	<u> </u>
	-	(Addiess) / frostlering	wel.	If so, specify	
	20.	FILEY CLASS THURSDAY TH	Dus	(Signed) After To Tolks	M. D.
	-	If more blanks are needed, add	Registrar. Iress State Registrar.	(Address) # 6 A Styl 2017 25.	

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Arteriosclerosis i i i	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
An printer and a second printe			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
	May 1,1923		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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